

P14 0001 00001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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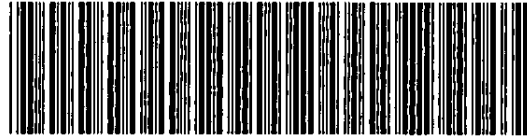
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 DEC 15 AM 9:04

12/16/14

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Manny & Sons Body Shop Corp.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: Rita M. Marin  
Name (Printed or typed)

5 Olive Drive #18  
Address

Hiakah, FL 33010  
City, State & Zip

(786) 327-4018  
Daytime Telephone number

rita.m.919@gmail.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Manny & Sons Body Shop Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5 Olive Drive #18  
Hiialeah, FL 33010

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: for body shop work.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Rita M. Marin (P) Name and Title: \_\_\_\_\_

Address: 5 Olive Dr. #18 Address: \_\_\_\_\_  
Hiialeah, FL 33010

Name and Title: Manuel Marin (VP) Name and Title: \_\_\_\_\_

Address: 5 Olive Dr. #18 Address: \_\_\_\_\_  
Hiialeah, FL 33010

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Rita M. Marin  
Address: 5 Olive Dr. #18  
Hialeah, FL 33010

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Rita M. Marin  
Address: 5 Olive Dr. #18  
Hialeah, FL 33010

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

R. Marin  
Required Signature/Registered Agent

12/8/14  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

R. Marin  
Required Signature/Incorporator

12/8/14  
Date