

P15000001650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

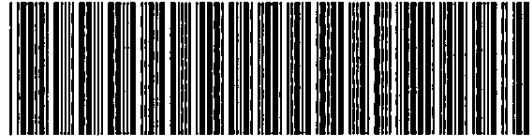
(Business Entity Name)

(Document Number)

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

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15 JAN -6 AM 12:47  
SECURITY STATE  
CALIFORNIA FLORIDA

1-8-15

**COVER LETTER**

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

**SUBJECT:** Concepcion South-Dade Auto Collision, INC.  
(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:** Jorge Luis Concepcion

Name (Printed or typed)

10412 SW 183 ST

Address

MIAMI, FL. 33157

City, State & Zip

786-337-1758

Daytime Telephone number

jorgeconcepcion75@yahoo.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: Concepcion South-Dade Auto Collision, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

10412 sw 183 st

Miami, FL:33157

Mailing address, if different is:

10412 sw 183st

Miami, FL. 33157

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The purpose for this company is to start an auto body shop.

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Jorge Luis Concepcion /President

Address: 10412 sw 183st

Miami, FL. 33157

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

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

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

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

10412 sw 183st

Miami, FL. 33157

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

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

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

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

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

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

RECEIVED  
STATE  
CLERK  
15 JAN -6 PM 12:47  
TALLAHASSEE, FLORIDA

(cont)

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: Jorge Luis Concepcion  
Address: 10412 SW 183 st  
Miami, FL 33157

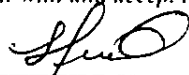
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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jorge Luis Concepcion  
Address: 10412 sw 183 st  
Miami, FL 33157

*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*



\_\_\_\_\_  
Required Signature/Registered Agent

01/02/15  
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.*



\_\_\_\_\_  
Required Signature/Incorporator

12/15/2014  
Date



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 18, 2014

JORGE LUIS CONCEPCION  
10412 SW 183 ST  
MIAMI, FL 33157

SUBJECT: CONCEPCION SOUTH-DADE AUTO COLLISION, INC  
Ref. Number: W14000075256

We have received your document for CONCEPCION SOUTH-DADE AUTO COLLISION, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Christine Haney  
Regulatory Specialist II  
New Filing Section

Letter Number: 014A00026814

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15 JAN -6 PM 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA