

P15000023375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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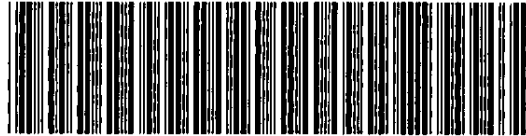
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: CAPITAL IMPORTS OF CENTRAL FLORIDA, 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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

FROM: GUSTAVO G. VAZQUEZ  
Name (Printed or typed)

400 Countyline Court , Suite 7  
Address

oakland, Florida 34787  
City, State & Zip

407-353-5300  
Daytime Telephone number

gvazquez17@cfl.rr.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: CAPITAL IMPORTS OF CENTRAL FLORIDA, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

400 Countyline Court, Suite 7

Oakland, Florida 34787

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: import and export vehicles and parts

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: Gustavo G. Vazquez, President Name and Title: Teresa C. Lio, VP

Address 400 Countyline Ct., #7 Address: 400 Countyline Ct., #7

Oakland, Florida 34787 Oakland, Florida 34787

Name and Title: Sebastian Vazquez, Treasurer Name and Title: \_\_\_\_\_

Address 400 Countyline Ct., #7 Address: \_\_\_\_\_

Oakland, Florida 34787

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

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

(conti.)

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: Gustavo G. Vazquez

Address: 400 Countyline Ct., #7

Oakland, Florida 34787

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Gustavo G. Vazquez

Address: 400 Countyline Ct., #7

Oakland, Florida 34787

*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

3/6/2015  
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

3/6/2015  
Date