

P 15000032728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

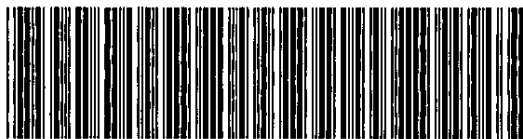
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/06/15--01010--005 **78.75

FILED
15 APR -6 AM 11: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/10/15

COVER LETTER

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

SUBJECT: Symmetry Autos 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: Nikholas Carrillo

Name (Printed or typed)

8341 Cypress Lake Drive

Address

Fort Myers, Florida 33919

City, State & Zip

239-560-1206

Daytime Telephone number

drcinternet1@gmail.com

E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FLORIDA

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: Symmetry Autos Inc.

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ARTICLE II PRINCIPAL OFFICE
Principal street address

8341 Cypress Lake Drive
Fort Myers, FL 33919

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Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: To allow me to hold multiple businesses
under one group while having flexibility of ownership as well as the
legacy that is possible with a perpetual duration.

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Nikholas Carrillo, CEO</u>	Name and Title:	_____
Address	<u>8341 Cypress Lake Dr.</u> <u>Fort Myers, FL 33919</u>	Address:	_____ _____ _____

Name and Title:	_____	Name and Title:	_____
Address	_____ _____ _____	Address:	_____ _____ _____

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: Nikholas Carrillo
Address: 8341 Cypress Lake Dr
Fort Myers, FL 33919

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nikholas Carrillo
Address: 8341 Cypress Lake Dr.
Fort Myers FL 33919

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

April 1, 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

April 1, 2015

Date

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TALLAHASSEE, FLORIDA