

P15000033662

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

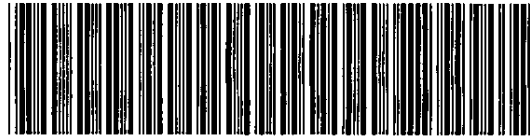
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03/09/15--01041--011 **78.75

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15 APR 13 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/14/15

COVER LETTER

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

SUBJECT: **AUTOS CLEMENTE OF MIAMI 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: **AUTOS CLEMENTE OF MIAMI INC.**
Name (Printed or typed)

4282 NW 2ND TERRACE
Address

MIAMI FL,33126
City, State & Zip

786 299 9373
Daytime Telephone number

ALCLEMENTE2011@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



15 APR 13 PM 2:09

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA Division of Corporations

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15 APR 13 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 11, 2015

AUTOS CLEMENTE OF MIAMI INC.
4282 NW 2ND TERRACE
MIAMI, FL 33126

SUBJECT: AUTOS CLEMENTE OF MIAMI INC.
Ref. Number: W15000017343

We have received your document for AUTOS CLEMENTE OF MIAMI INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

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.)

You must list at least one incorporator with a complete business street address.

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 115A00004965

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: AUTOS CLEMENTE OF miami Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4282 NW 2ND TERRACE

MIAMI FL 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE SALE OF AUTOMOVILES

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALFREDO CLEMENTE Name and Title: President

Address: 4282 NW 2ND TERR Address:
MIAMI, FL 33126

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: Alfredo Clemente

Address: 4282 N.W. 2nd Ave
Miami, FL 33126

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alfredo Clemente

Address: 4282 N.W. 2nd Ave
Miami, FL 33126

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

Alfredo Clemente
Required Signature/Registered Agent

3/3/2015
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.

Alfredo Clemente
Required Signature/Incorporator

3/3/2015
Date

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TALLAHASSEE, FLORIDA