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HALLMARKS CENTER
TALLAHASSEE, FLORIDA

SEP 10 2015

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COVER LETTER

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

SUBJECT: CHA CHI'S AUTO REPAIR CENTER 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: CHA CHI'S AUTO REPAIR CENTER INC

Name (Printed or typed)

9230 DANIELS PARKWAY SUITE 101

Address

FORT MYERS, FL 33912

City, State & Zip

239-334-2120

Daytime Telephone number

tuffbrothers@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: CHA CHI'S AUTO REPAIR CENTER INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9230 DANIELS PKWY STE 101

SAME

FORT MYERS FL 33912

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL PURPOSES.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FRANCES AMADOR, PRESIDENT

Name and Title: _____

Address 2940 35TH AVE NE

Address: _____

NAPLES FL 34120

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE
ALL AMADOR, FRANCES
CORP

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: FRANCES AMADOR
Address: 2940 35TH AVE NE
NAPLES FL 34120

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: FRANCES AMADOR
Address: 2940 35TH AVE NE
NAPLES FL 34120

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 09/01/2015. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

08/28/2015

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

08/28/2015

Date

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NAPLES FL 34120

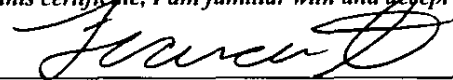
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TALLAHASSEE, FL 32310

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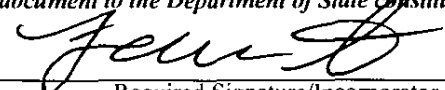


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