

P/5000095797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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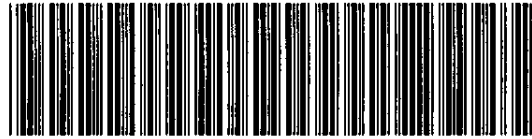
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
15 NOV 23 AM 11:36

EFFECTIVE DATE 11/17/15

12/02/15

COVER LETTER

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

SUBJECT: SABAJANES AUTO SHOP, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: GRAHERDYS HERNANDEZ SABAJANES
Name (Printed or typed)

1085 W 68 ST APT 209
Address

HIALEAH, FL 33014
City, State & Zip

786-768-7816
Daytime Telephone number

GRAHERDYS@YAHOO.ES
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

SABAJANES AUTO SHOP, INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9550 NW 79 AVE BAY 24

1085 W 68 ST APT 209

HIALEAH GARDENS, FL 33016

HIALEAH, FL 33014

ARTICLE III PURPOSE

AUTOMOBILE AUTO SHOP BUSINESS
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GRAHERDYS HERNANDEZ SABAJAN

Name and Title: _____

Address

1085 W 68 ST APT 209

Address: _____

HIALEAH, FL 33014

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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DIVISION OF CORPORATIONS
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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: GRAHERDYS HERNANDEZ SABAJANES

Address: 1085 W 68 ST APT 209

HIALEAH, FL 33014

ARTICLE VII INCORPORATOR

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

Name: GRAHERDYS HERNANDEZ SABAJANES

Address: 1085 NW 68 ST APT 209

HIALEAH, FL 33014

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/17/2015. (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

11/17/2015

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

11/17/2015

Date

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