

P16000013245

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

166287

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
BLOODLINE AUTO REPAIR INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

*Please file
on the day that
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effective 2/8/16*

*re-fax
2/9/16*

02/10/16

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Corporate Filing Menu

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February 9, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

E-FILE CORP USA

SUBJECT: BLOODLINE AUTO REPAIR INC
REF: W16000009914

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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

If you have any further questions concerning your document, please call (850) 245-6052.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

FAX And. #: H16000032774
Letter Number: 916A00002746

P.O BOX 6327 - Tallahassee, Florida 32314

716000032774

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: Bloodline Auto Repair Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2464 NW 78 STREET
Miami FL 33147

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Auto Repair

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gruver Harley President Name and Title: _____

Address: 2464 NW 78 STREET Address: _____
Miami FL 33147

Name and Title: Romero Harley Treasurer Name and Title: _____

Address: 2464 NW 78 STREET Address: _____
Miami FL 33147

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
16 FEB - 8 PM 4:50
CLERK OF DISTRICT COURT
MIAMI, FLORIDA

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: Romero Harley
 Address: 2464 NW 78 Street
Miami, FL 33147

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Romero Harley
 Address: 2464 NW 78 Street
Miami FL 33147

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 2-8-2016 (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 in 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

Romero Harley
 Required Signature/Registered Agent

2-8-16
 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.

Romero Harley
 Required Signature/Incorporator

2-8-16
 Date

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