## P16000014366

(Re	equestor's Name)				
(Address)					
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PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
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## **COVER LETTER**

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

Car Guys, Inc.

SUBJECT:	(BRODOCED CORPOR	THE WARE SAUCE INC.	TODA OTTANIA	
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an original	ginal and one (1) copy of the ar	ticles of incorporation an	d a check for:	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED	
FROM:	Mauricio Sanchez			
68	Nam 325 West Calumet Circle	e (Printed or typed)		
_	Address			
L	ake Worth, Florida 33467		•	
	City, State & Zip			
50	51-308-5908			
	Daytime Telephone number			
ca	rguysinc@hotmail.com			
<del>-</del>	E-mail address: (to be use	d 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)

ICLE I	<u>NAME</u>	Car Gu	ys, Inc
name of the	e corporation	shall be:	16 FEB - 1 AM 10: 28
TICLE II PRINCIPAL OFFICE			
	Prir	ncipal <u>street</u> address	Mailing address, if differentis ATE TALLAHASSEE FLORIDA
25 W Calu	met Circle	<del></del>	
ke Worth,	Fl 33467	· · · · · · · · · · · · · · · · · · ·	
	DURROCE		
	PURPOSE or which the c	orporation is organized is:	
	To b	ouy and sell vehicles, repair vehic	eles. Automotive training and consulting.
			•
	shares of stoc	DFFICERS AND/OR DIRECTO	RS
		Mauricio Sanchez	
Name	and little:		Name and Title:
Addre	ess	President	Address:
	( 	6825 W Calumet Circle	
	1	Lake Worth, Fl 33467	
Name	and Title:		Name and Title:
Addr	ess		Address:
	_		
Name	and Title:_		Name and Title:
Addr	ess		Addition.
	_		

Name a	nd Title:	Name and Title:
Addres	SS	Address:
ARTICLE VI The name and F	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	Mauricio Sanchez	of the registered agent is.
Address:	6825 W Calumet Circle	
	Lake Worth, Fl 33467	- PEB
ARTICLE VII	<u>INCORPORATOR</u>	ASSEED B
The <u>name</u> and a	address of the Incorporator is:	F.S. 5
Name:	Mauricio Sanchez	AH 10: 28 EEF FLORIDE
Address:	6825 W Calumet Circle	
	Lake Worth, Fl 33467	<del></del>
Effective date, it		(OPTIONAL) not be more than five business days prior or 90 business
Note: If the dat	<i>.</i>	ole statutory filing requirements, this date will not be listed as s.
Having been na this certificate, I	med as registered agent to accept service of proc am familiar with and oecept the appointment as	ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity
Ma		1/26/16
	Required Signature/Registered Agent	Date
I submit this do document to the	cument and affirm that the facts stated herein a Department of State constitutes a third degree fel	re true. I am aware that the false information submitted in a lony as provided for in s.817.155, F.S.
M.		1/26/16
Requ	ired Signature/Incorporator	Date

25 24