

FILE 000026930

(Requestor's Name)

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(City/State/Zip/Phone #)

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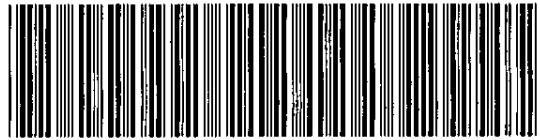
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SUFFICIENCY OF FILING

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T SCHROEDER

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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3/25 Alinda

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FILING

Articles

1.

Auto Paint And Collision Shop Inc.
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

COVER LETTER

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

SUBJECT: AUTO PAINT AND COLLISION 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
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: BEST LIEN SERVICES INC.

Name (Printed or typed)

6800 SW 40 ST. SUITE#279

Address

MIAMI, FL. 33155

City, State & Zip

305-267-8813

Daytime Telephone number

BESTLIENSERVICESINC@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: AUTO PAINT AND COLLISION SHOP INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2195 NW 27 AVE

8030 NW 36 CT

MIAMI, FL. 33142

MIAMI, FL. 33147

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALBERTO TORRES

Name and Title: _____

Address 2195 NW 27 AVE

Address: _____

MIAMI, FL. 33142

PRESIDENT

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

16 MAR 25 PM 3:18

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: ALBERTO TORRES
Address: 8030 NW 36 CT
MIAMI, FL. 33147

ARTICLE VII INCORPORATOR

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

Name: ALBERTO TORRES
Address: 8030 NW 36 CT
MIAMI, FL. 33147

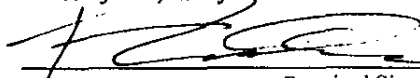
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/25/2016. (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 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

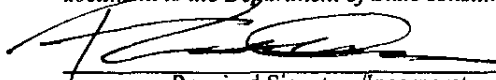


Required Signature/Registered Agent

03/25/2016

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

03/25/2016

Date

FILED
MAR 25 2016
16 MAR 25 PM 3:18
CLERK OF THE COURT
JANET L. GIBSON