

P16000040192

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W16-26766

Office Use Only



600283910546

04/05/16--01008--008 \*\*78.75

FILED  
16 MAY -5 PM 5:09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

VH

## COVER LETTER

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

SUBJECT: Garcia's Auto Repair 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: Obed Garcia  
Name (Printed or typed)

5355 Lenox Ave.  
Address

Jacksonville FL 32208  
City, State & Zip

(904) 517 3442  
Daytime Telephone number

LenoxAutoSales.org@gmail.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 12, 2016

OBED GARCIA  
5355 LENOX AVE  
JACKSONVILLE, FL 32205

SUBJECT: GARCIA'S AUTO REPAIR INC.  
Ref. Number: W16000026766

We have received your document for GARCIA'S AUTO REPAIR INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 416A00007419

FILED

16 MAY -5 PM 5:10

March 22, 2016

Regarding the Florida Department  
Of State Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

X I am Obed Garcia, owner of Garcia's Auto Repair INC, Located in 5355 Lenox Ave. Jacksonville Fl. On December of 2014 was when I first open the Company through Zorro Tax and Financial. On March the 2015 they failed to update the Company status which I was never told that it had to be renewed every year on March. I wasn't aware on any of this until on June of the 2015, when city officials arrived to my company and told me that the company status was no longer active due to the failed update. I'm hoping if you can help me open up the company again as a new company but with the same name as Garcia's auto repair INC.

Thank you for your time and I would really appreciate if you could help me do this right.

Thank you,

*Obed Garcia*

(904) 5173442.

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: Garcia's Auto Repair INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

Mailing address, if different is:

5355 Lenox  
ave. Jacksonville  
FL. 32205

**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: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: OBED Garcia / President Name and Title: \_\_\_\_\_

Address: 5355 Lenox Address: \_\_\_\_\_

ave. Jacksonville  
FL. 32205

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

FILED  
16 MAY -5 PM 5:10  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

16 MAY -5 PM 5:10

SECRETARY OF STATE  
TALLAHASSEE 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: \_\_\_\_\_

OBED Garcia

Address: \_\_\_\_\_

5355 Lenox

AWR. Jacksonville 32205

**ARTICLE VII INCORPORATOR**

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

Name: \_\_\_\_\_

OBED Garcia / President

Address: \_\_\_\_\_

5355 Lenox

AWR. Jacksonville. FL 32205

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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*

OBED Garcia

Required Signature/Registered Agent

\_\_\_\_\_  
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.*

[Signature]  
Required Signature/Incorporator

\_\_\_\_\_  
Date