

P16000066801

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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07/26/16--01028--012 \*\*87.50

FILED

16 AUG 15 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*1/16*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 3, 2016

CARLOS CAPELO  
9849 TRUMPET VINE LOOP  
TRINITY, FL 34655

SUBJECT: RT 41 AUTOMOTIVE INC  
Ref. Number: W16000053716

We have received your document for RT 41 AUTOMOTIVE INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please remove percent sign and list shares in whole numbers.,

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.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 716A00016362

ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be:

Rt 41 Automotive INC

AUG 15 AM 9:34  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8609 Land O lakes BVD

Land O lakes FL 34638

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Automotive Service Repair

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Carlos Carab President

Name and Title:

Address

9849 Trumpet Vine Loop  
Trinity FL 34655

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED

Name and Title: \_\_\_\_\_ Name and Title: 16 AUG 15 AM 9:34  
Address: \_\_\_\_\_ Address: SECRETARY OF STATE  
\_\_\_\_\_  
\_\_\_\_\_ TALLAHASSEE FLORIDA  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

- The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Carlos Capelo  
Address: 9849 Trumpet Vine loop  
Trinity FL 34655

**ARTICLE VII INCORPORATOR**

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

Name: Carlos Capelo  
Address: 9849 Trumpet Vine loop  
Trinity FL 34655

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: (File Date) (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

7/21/16  
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.*

  
Required Signature/Incorporator

7/21/16  
Date