

P/6000072/46

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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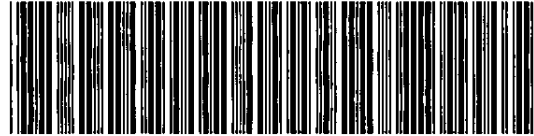
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
16 AUG 26 AM 11:20

09/06/16

COVER LETTER

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

SUBJECT: BUDGET AUTO GROUP 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: PAULO GOMES P. FILHO

Name (Printed or typed)

7189 SPORTSMANS DR

Address

NORTH LAUDERDALE, FL 33068

City, State & Zip

9548578854

Daytime Telephone number

budgetautogroup@outlook.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: BUDGET AUTO GROUP INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
7189 SPORTSMANS DR, NORTH LAUDERDALE, FL
33068

Mailing address, if different is:

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: USED CARD DEALER

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PAULO GOMES P. FILHO (P) Name and Title: _____

Address 7189 SPORTSMANS DR Address: _____
NORTH LAUDERDALE FL 33068 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: PAULO GOMES P. FILHO
Address: 7189 SPORTSMANS DR
NORTH LAUDERDALE FL 33068

ARTICLE VII INCORPORATOR

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

Name: PAULO GOMES P. FILHO
Address: 7189 SPORTSMANS DR
NORTH LAUDERDALE FL 33068

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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

Required Signature/Registered Agent
08/22/2016
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
08/22/2016
Date