

P16000097239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

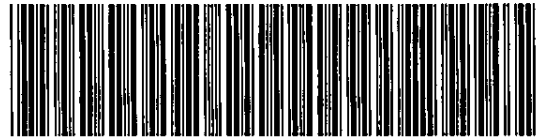
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/20/16--01026--007 **70.00

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16 DEC -9 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 26, 2016

MARIA E RUIZ
7750 SW 117TH AVE STE 201D
MIAMI, FL 33183

SUBJECT: PREMIUM AUTO CARE CORP
Ref. Number: W16000038954

*Call to
Sent 10/12/14
650-245-6804
Ann. Jessica*

We have received your document for PREMIUM AUTO CARE CORP and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The corporation you are giving authorization to is not inactive. Please dissolve your company in order to comply with the authorization letter you submitted.

Please return 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.

Jessica A Fason
Regulatory Specialist II

Letter Number: 616A00011217

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

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

SUBJECT: PREMIUM AUTO CARE CORP

(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: MARIA E RUIZ

Name (Printed or typed)

7750 SW 117TH AVE SUITE 201D

Address

MIAMI FLORIDA 33183

City, State & Zip

305-595-2407

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

May 13, 2016

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

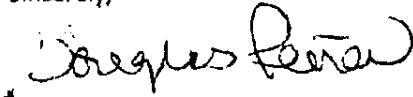
Re: P14000097104 PREMIUM AUTO CARE, CORP

To whom it may concern:

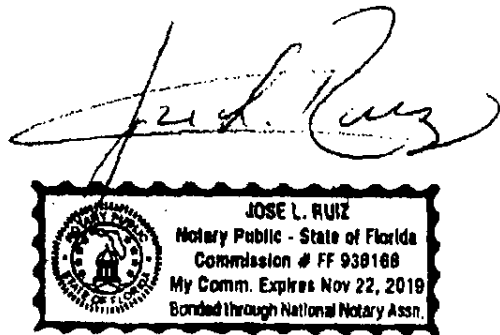
By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,



Douglas Pena



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: PREMIUM AUTO CARE CORP

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

2001 NW 88 STREET

PEMBROKE PINES, FLORIDA 33024

Mailing address, if different is:

7750 SW 117TH AVE SUITE 201D

MIAMI FLORIDA 33183

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LEGAL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 100 @ \$1.00EA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DOUGLAS PENA, PRESIDENT

Name and Title: _____

Address 2001 NW 88 STREET

Address: _____

PEMBROKE PINES, FLORIDA 33024

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: DOUGLAS PENA
Address: 2001 NW 88 STREET
PEMBROKE PINES, FLORIDA 33024

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DOUGLAS PENA
Address: 2001 NW 88 STREET
PEMBROKE PINES, FLORIDA 33024

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/13/2016 (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

Douglas Pena
Required Signature/Registered Agent

05/13/2016

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 § 217.14, F.S.

DAIG