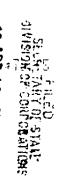
(Re	equestor's Name)			
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TO MADUO

## **COVER LETTER**

4

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

SUBJECT: _B/	OO LINE AUTO (PROPOSED CORPORA	Repair,	Inc
	(PROPOSED CORPORA	TIE NAME <u>7 MUST INCL</u>	<u>UDE SUFFIX</u> )
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUI	
FROM:	Wacen Shar		
	5651 NW 1	Address	
	Mismi City,	5/ 33/42 State & Zip	
<del></del>	•	elephone number	
	E-mail address: (to be use	esull south	otification)

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)

ICLE II PRING	CIPAL OFFICE Principal street address		Mailing addi	Mailing address, if different is:	
464 NO	U 78 Street				
Miami 1	FL 33147	<u> </u>			9
ICLE III PURP ourpose for which	OSE the corporation is organized	is: Auto	Repair	- 5	NON SE
				- 2	
					ક ેંડ્ર <del>ક</del>
···					
	stock is: 1000	IRECTORS 0	1.1		
umber of shares of	stock is: 1000  ALOFFICERS AND/ORD  C: Grover D.	IRECTORS Harley Nam Solver Add	SI LeNT ne and Title:		
UCLE V INITIA Name and Titl	stock is: 1000	IRECTORS Harley Nam STreeT Add	sideNT ne and Title:		
number of shares of ICLE V INITIA Name and Titl Address	stock is: 1000 ALOFFICERS AND/ORD C: Grover D. 2464 NW 7	<u> </u>	ress:		
number of shares of ICLE V INITIA Name and Titl Address	stock is: 1000  ALOFFICERS AND/ORD  C: Grover D.  2464 NW 7  Miami, FL	\$\frac{5\text}{3\text} \text{Add} \\ \frac{3\text}{4\text} \\ \text{Name} \\ \tex	ne and Title:		
Name and Title	stock is: 1000 AL OFFICERS AND/OR D. C: Grover D. 2464 NW 7 Miami, FL	\$\frac{5\text}{3\text} \text{Add} \\ \frac{3\text}{4\text} \\ \text{Name} \\ \tex	ne and Title:		
Name and Title	stock is: 1000 AL OFFICERS AND/OR D. C: Grover D. 2464 NW 7 Miami, FL	\$\frac{5\text}{3\text} \text{Add} \\ \frac{3\text}{4\text} \\ \text{Name} \\ \tex	ne and Title:		
Name and Title Address  Address	stock is: 1000  AL OFFICERS AND/OR D.  C: Grover D.  2464 NW 7  Miami, FL	\$\frac{5\text}{23\text} \text{Add} \\ \frac{3\text{3\text{4\text{7}}}{1}}{1} \\ \text{Nam} \\ \text{Add} \\	ne and Title:		
Name and Title Address  Address	stock is: 1000 AL OFFICERS AND/OR D. C: Grover D. 2464 NW 7 Miami, FL	STree   Add	ne and Title:		

Name and Title:	Name and Title:	
Address	Address:	
	· · · · · · · · · · · · · · · · · · ·	
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of Name:  Romero Harly  Address:  2464 NW 78 STANT  Mag; FL 33147	-	SELVE FARY OF STATE SIVISION OF CORPORATIO
ARTICLE VII INCORPORATOR		<b>₽</b> * <b>∑</b> *
The name and address of the Incorporator is:		
Name: Warren Shapp CPA		
Name: Warren Shaff CPA Address: 5651 NW 17 AVL MIAM; FL 33142		
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	(OPTIONAL) between than five days prior or 90 days af	ter the
Note: If the date inserted in this block does not meet the applicable s the document's effective date on the Department of State's records.	tatutory filing requirements, this date will not	be listed as
Having been named as registered agent to accept service of process j this certificate, I am familiar with and accept the appointment as regis	for the above stated corporation at the place stered agent and agree to act in this capacity	designated in
Finir Halin	14.0	
Required Signature/Registered Agent	- Gate	
I submit this document and affirm that the facts stated herein are to document to the Department of State constitutes a third degree felony	rue. I am aware that the false information s as provided for in s.817.155, F.S.	ubmitted in a
Warne Sharp CPA Required Sign More/Incorporator	4.9	19
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