

10/15/19
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(Requestor's Name)

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(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 APR 12 AM 9:44

JD 11/11/19

COVER LETTER

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

SUBJECT: Bloodline 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: Warren Sharpp CPA
Name (Printed or typed)

5651 NW 17 Ave
Address

Miami FL 33142
City, State & Zip

305 751 4551
Daytime Telephone number

W.Sharpp@bellsouth.net
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: Bloodline Auto Repair, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2464 NW 78 Street

Miami FL 33147

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Auto Repair

19 APR 12 AM 9:46
STATE OF FLORIDA
DIVISION OF CORPORATIONS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Grover D. Harley President

Address 2464 NW 78 Street
Miami, FL 33147

Name and Title:

Address:

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: Romero Harley

Address: 2464 NW 78 STREET

Miami FL 33147

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ARTICLE VII INCORPORATOR

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

Name: Warren Shapp CPA

Address: 5651 NW 17 Ave

Miami FL 33142

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 04-15-2019 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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

Romero Harley
Required Signature/Registered Agent

4-9-19
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.

Warren Shapp CPA
Required Signature/Incorporator

4-9-19
Date