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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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## COVER LETTER

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

SUBJECT: AUTO MEDIC, 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: EDGAR MORENO  
Name (Printed or typed)  
5350 NORTH STATE ROAD 7  
Address  
NORTH LAUDERDALE, FL 33319  
City, State & Zip  
954-740-3461  
Daytime Telephone number  
infoautoproducer@gmail.com  
E-mail address: (to be used for future annual report notification)

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

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 11/29 Glinda

- ☐ **CERTIFIED COPY** \_\_\_\_\_
- XX** **PHOTOCOPY** \_\_\_\_\_
- ☐ **CUS** \_\_\_\_\_
- XX** **FILING** **ARTICLES** \_\_\_\_\_

1. **AUTO MEDIC, INC.**  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: AUTO MEDIC, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5350 NORTH STATE ROAD 7

NORTH LAUDERDALE, FL 33319

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL BUSINESS

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ARTICLE IV SHARES

The number of shares of stock is: 300

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROGELIO S. TROCONIS, President

Name and Title: EDGAR MORENO, Vice President/Secretary

Address 5350 NORTH STATE ROAD 7

Address: 5350 NORTH STATE ROAD 7

NORTH LAUDERDALE, FL 33319

NORTH LAUDERDALE, FL 33319

Name and Title: ROGELIO E. TROCONIS, Vice President

Name and Title: \_\_\_\_\_

Address 5350 NORTH STATE ROAD 7

Address: \_\_\_\_\_

NORTH LAUDERDALE, FL 33319

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: EDGAR MORENO  
Address: 5350 NORTH STATE ROAD 7  
NORTH LAUDERDALE, FL 33319

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: EDGAR MORENO  
Address: 5350 NORTH STATE ROAD 7  
NORTH LAUDERDALE, FL 33319

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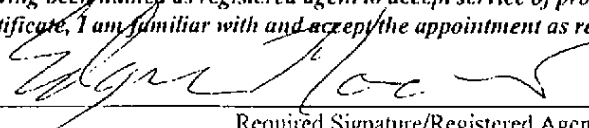
**ARTICLE VIII EFFECTIVE DATE:**

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 days prior or 90 days after the filing.)

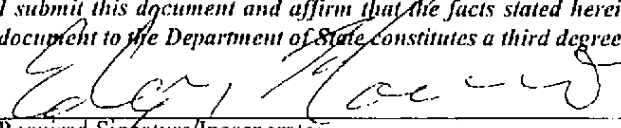
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
Required Signature/Registered Agent

11/29/22  
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

11/29/22  
Date