

P99000027482
TRANSMITTAL LETTER

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

000002813300--7
-03/22/99-01088-019
****122.50 ****78.75

SUBJECT: SONS AUTO REPAIRS CORP
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: Armando Gonzalez
Name (printed or typed)

90 SW 9 Ave
Address

Hopmestead, FL 33030
City, State & Zip

Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR 22 PM 12:29

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

3-25-99
WS

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

SONS AUTO REPAIRS CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

90 SW 9 Ave
Homestead, FL 33030

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: FIVE HUNDRED (500) Shares, with \$100 par Value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Armando Gonzalez
90 SW 9 Ave
Homestead, FL 33030

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ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Armando Gonzalez
90 SW 9 Ave
Homestead, FL 33030

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

15 day of March, 19 99



Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: SONS AUTO REPAIRS CORP

2. The name and address of the registered agent and office is:

Armando González
(NAME)

90 SW 9 Ave

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Homestead, FL 33030

(CITY/STATE/ZIP)

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(SIGNATURE)

(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314