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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

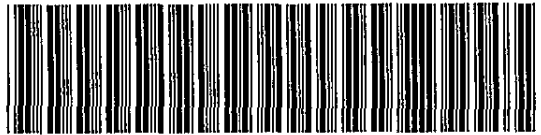
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

03 DEC -9 AM 11:31

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03 DEC -9 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 9

TRANSMITTAL LETTER

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

SUBJECT: Tool Doctor, 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: Chris C. Smith

Name (Printed or typed)

1825 N. Magnolia Avenue

Address

Ocala, Florida 34475

City, State & Zip

(352) 622-5655

Daytime Telephone number

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:

Tool Doctor of Central Florida Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1825 N. Magnolia Avenue
Ocala, Florida 34475

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Tool repair and sales

ARTICLE IV SHARES

The number of shares of stock is:

5,000 shares common stock at \$1.00 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Chris C. Smith - Director/President
Sally A. Smith - Director/Secretary/Treasurer
1825 N. Magnolia Avenue
Ocala, Florida 34475

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Chris C. Smith
1825 N. Magnolia Avenue
Ocala, Florida 34475

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Chris C. Smith
1825 N. Magnolia Avenue
Ocala, Florida 34475

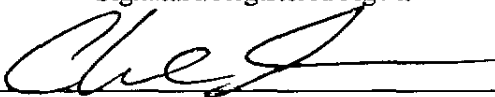
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent -Chris C. Smith

12/05/2003

Date



Signature/Incorporator -Chris C. Smith

12/05/2003

Date

FILED
03 DEC -9 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA