

P05000045590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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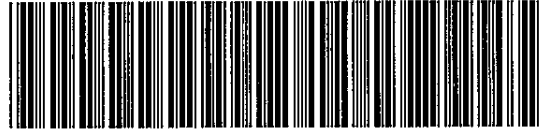
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05 MAR 28 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3-28-05
✓

TRANSMITTAL LETTER

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

SUBJECT: 3 J'S AUTO REPAIR, INC.
(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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

Name (Printed or typed)

4389 University bl. S.

Address

Jacksonville FL 32216

City, State & Zip

(904) 465-5038

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:

BJS AUTO REPAIR INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4389 University Bl. S.
Jacksonville FL 32216

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

General auto repair

ARTICLE IV SHARES

The number of shares of stock is:

2

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

P. Bukvic Suad & Jesmin
4389 University Bl. S.
Jacksonville FL 32216

ARTICLE VI REGISTERED AGENT

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

Suad ~~Jesmin~~ Bukvic
4389 University Bl. S.
Jacksonville FL 32216

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

~~Suad Bukvic~~ SUAD BUKVIC
4389 UNIVERSITY BL. S. JACKSONVILLE, FL 32216

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

Suad Bukvic

Signature/Registered Agent

3/28/05

Date

Suad Bukvic

Signature/Incorporator

3/28/05

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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