

PO6000044162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

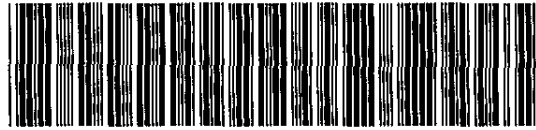
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06 MAR 28 AM 10:47
 SEC. DEPT. OF STATE
 TALLAHASSEE, FLORIDA

06 MAR 26 09 041

1964 FEB 24 11 00 AM '64

COVER LETTER

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

SUBJECT: Capital City Collision Center 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: Capital City Collision Center Inc.
Name (Printed or typed)

1320 Lk. Bradford Rd.
Address

Tallahassee FL 32304
City, State & Zip

850-575-9202
Daytime Telephone number

06 MAR 28 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Capital City Collision Center Inc 3/27/04
59-3070994

I DANNY C HOLLON don't intend
to Acia state ^{or revoke} this corp. 59-3070994,
Capital City Collision Center Inc.

which expired. 1-1-05. I would like
~~the~~ the name
~~to~~ to CARRIED ~~the corp.~~ be Rowant to
DANNY C. HOLLON to start a NEW CORP.

Danny C Hollon

06 MAR 28 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Capital City Collision Center Inc,
1320 Lake Bland Road. Rd.
Tallahassee, Fl. 32304

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1320 LK. Bland Road Rd.
Tallahassee, Fl. 32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For any Law full purpose.

ARTICLE IV SHARES

The number of shares of stock is:

1000 one - thousand

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Danny C. Hollon Pres.
4667 Inisheer Dr.
Tallahassee Fl. 32309

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Danny C. Hollon
4667 Inisheer Dr,
Tallahassee Fl. 32309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Danny C. Hollon
4667 Inisheer Dr,
Tallahassee Fl. 32309

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

Danny C. Hollon
Signature/Registered Agent

Danny C. Hollon
Signature/Incorporator

3/28/06
Date
3/28/06
Date

06 MAR 28 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED