P06000044162

(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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03/28/06--01008--003 **78.75

06 MAR 28 AM 10:47

SEC. OF STATE
TALLAHASSEE, FLORIDA

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

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

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

Capital City Collision Center Inc 3/27/06
59-3070994

I Danny C Hollon don't intend
to Re instate or revoke this Corp. 59-3070994,
Capital City Collision Center Inc.
which expired. 1-1-05. I would like
~~Rea~~ the name
~~Danny~~ to carried ~~the Corp to~~ forward to
Danny C. Hollon to start a new Corp.

Danny Hollon

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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 Bradford Rd.
Tallahassee Fl. 32304

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1320 Lk. Bradford Rd.
Tallahassee, Fl. 32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For any Lawfull 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 — Date: 3/28/06

Danny C Hollon
Signature/Incorporator — Date: 3/28/06