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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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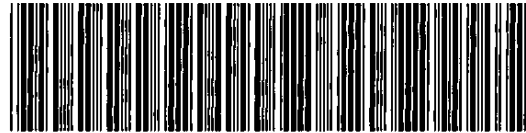
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: A DEPENDABLE 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: Laura A. Witherspoon  
Name (Printed or typed)

903 Riverside Dr.  
Address

Greenacres, Florida 33463  
City, State & Zip

(561) 641-16984  
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:

A DEPENDABLE COLLISION CENTER, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

903 Riverside Dr. Greenacres, Florida 33463

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

AUTOMOBILE REPAIR

**ARTICLE IV SHARES**

The number of shares of stock is:

5

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Laura A. Witherspoon - President

**ARTICLE VI REGISTERED AGENT**

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

GINA KONOPASKI

1431 SEAGRADE CIRCLE WESTON, FL 33326

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Laura A. Witherspoon

903 Riverside Dr. Greenacres, Florida 33463

\*\*\*\*\*

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

Gina Konopaski

Signature/Registered Agent

5/9/06

Date

Laura A. Witherspoon

Signature/Incorporator

5-9-06

Date

Laura A. Witherspoon

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