

P000000064608

TRANSMITTAL LETTER

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

100003285911--7
-06/12/00--01142--003
*****35.00 *****35.00

SUBJECT: J & J REPAIRS, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

100003285911--7
-07/05/00--01089--023
*****35.00 *****35.00

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: LYNN WILSON & ASSOCIATES, P.A.
Name (Printed or typed)

901 Avenue "S" S.E.
Address

WINTER HAVEN, FL 33880
City, State & Zip

863-299-3701
Daytime Telephone number

FILED
JUL -5 PM 12:54
TALLAHASSEE, FLORIDA

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

S. Thompeon JUL 05 2000

Do copy



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 19, 2000

LYNN WILSON & ASSOCIATES, P.A.
901 AVENUE "S" S.E.
WINTER HAVEN, FL 33880

SUBJECT: J & J REPAIRS, INC.
Ref. Number: W00000015531

We have received your document for J & J REPAIRS, INC. and your check(s) totaling \$35.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$35.00.

If you have any further questions concerning your document, please call (850) 487-6929.

Shannon Thompson
Document Specialist

Letter Number: 400A00034725

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:

J & J REPAIRS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. BOX 914 Lithia, Fl 33547

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct business as a ~~transportation~~ service entity.

REPAIR

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

PRESIDENT: JEANNE JUDD P.O. BOX 914 Lithia, fl 33547

V. PRESIDENT: DOUGLAS JUDD (SAME ADDRESS)

ARTICLE VI REGISTERED AGENT

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

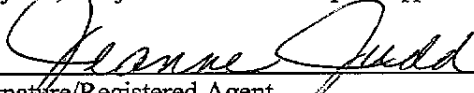
JEANNE JUDD
10117 BRYANT RD lithia 33847

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LYNN WILSON & ASSOCIATES, P.A.
901 AVE "S" S.E.
WINTER HAVEN, FL 33880

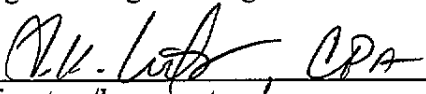
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

4/5/00

Date



Signature/Incorporator

6/2/00

Date

FILED
00 JUL -5 PM 12:54
TALLAHASSEE FLORIDA