

P02000116239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

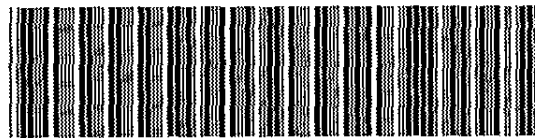
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 28 PM 3:47

10-20

TRANSMITTAL LETTER

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

SUBJECT: MICHAEL R. LINTON, PA
(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: MICHAEL R. LINTON, PA
Name (Printed or typed)

4 VENETIAN CIRCLE
Address

PORT ORANGE, FL 32127
City, State & Zip

386-788-0826
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:

MICHAEL R. LINTON, PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4 VENETIAN CIRCLE
PORT ORANGE, FL 32127

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REAL ESTATE SALES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

MICHAEL R. LINTON

ARTICLE VI REGISTERED AGENT

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

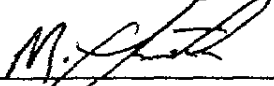
MICHAEL R. LINTON
4 VENETIAN CIRCLE
PORT ORANGE, FL 32127

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MICHAEL R. LINTON
4 VENETIAN CIRCLE
PORT ORANGE, FL 32127

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

10/24/2002

Date



Signature/Incorporator

10/24/2002

Date

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
OCT 28 PM 3:47

PG2000116216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

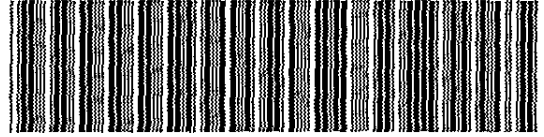
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/28/02--01033--006 **70.00

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
02 OCT 28 PM 3:37

62-01

TRANSMITTAL LETTER

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

SUBJECT: AUTOMATIC ELEVATOR OF FLORIDA, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: FRANK WIECKOWSKI
Name (Printed or typed)

2823 DICK WILSON DRIVE
Address

SARASOTA, FLORIDA 34240
City, State & Zip

941-378-8424
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:

AUTOMATIC ELEVATOR OF FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2823 DICK WILSON DRIVE
SARASOTA, FLORIDA 34240

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to transact any/all lawful businesses for which corporations
may be incorporated under Chapter 607 Florida Statutes.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

FRANK WIECKOWSKI, C.E.O.
2823 DICK WILSON DR.
SARASOTA, FLORIDA 34240

ARTICLE VI REGISTERED AGENT

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

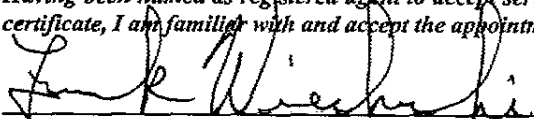
FRANK WIECKOWSKI
2823 DICK WILSON DR.
SARASOTA, FLORIDA 34240

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

FRANK WIECKOWSKI
2823 DICK WILSON DR.
SARASOTA, FLORIDA 34240

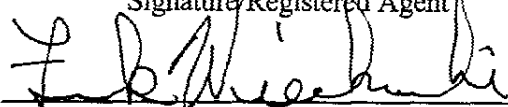
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this
certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

10/24/02

Date



Signature/Incorporator

10/24/02

Date

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
02 OCT 28 PM 3:37