P02000116239

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10-28

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

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing 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

M. [signature] — 10/24/2002
Signature/Registered Agent — Date

M. [signature] — 10/24/2002
Signature/Incorporator — Date

P02000116216

(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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02 OCT 28 PM 3:37

10-28

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 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: 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)

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DIVISION OF CORPORATIONS
02 OCT 28 PM 3:37

ARTICLE I NAME

The name of the corporation shall be:

AUTOMATIC ELEVATOR OF FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing 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

Frank Wieckowski — Signature/Registered Agent — 10/24/02 — Date

Frank Wieckowski — Signature/Incorporator — 10/24/02 — Date