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(Re	questor's Name)	<del></del>
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PICK-UP	☐ WAIT	MAIL.
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Certified Copies	Certificates	of Status
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Special Instructions to F	Filing Officer:	
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## TRANSMITTAL LETTER

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

SUBJECT:	AMOCO AUS (PROPOSED CORPORAT	O REPAIR	DE SUFFIX)	
	(PROPOSED COM ORA)	E MAMS - MOST INCLO	<u> </u>	
Enclosed is an original	and one(1) copy of the article	s of incorporation and a	check for:	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL COI	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: KAMIL MACKOUK Name (Printed or typed)				
6895 S. TAMIAMI TRAIL				
	SARASOTA City, S	F1 3423 State & Zip		
941- 925 - 7996  Daytime Telephone number				

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

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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be: AMOCO AUTO REPAIR IN CHALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6895 S.TAMIAMI TRAIL SAKASOFA Fl. 34231

ARTICLE III

The purpose for which the corporation is organized is: AULO REPAIR

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

ARTICLE VI REGISTERED AGENT

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

KAMIL MADKOUR 6895 S. TAMIAMI TRAIL SARASOFA Fl. 34231

ARTICLE VII \_\_ INCORPORATOR

The name and address of the Incorporator is:

KAMIL MACKOUR

6895 S. TAMIAMI TRAIL SARASOFA Fl. 34231

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

Signature/Registered Agent

Signature/Incorporator