

PO20000133414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

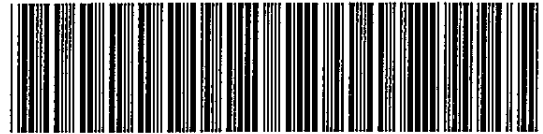
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02 DEC 19 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FL 32304

bm 12/23

TRANSMITTAL LETTER

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

SUBJECT: D & B 9th Avenue Amoco, 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: Tom Daher

Name (Printed or typed)

2070 Carolina Ave N E

Address

St. Petersburg, Florida 33703

City, State & Zip

727-522-7640

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:

D & B 9th Avenue Amoco, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4700 28th Street N
St. Pete., FL 33714**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Service Station / Convenience Center

ARTICLE IV SHARES

The number of shares of stock is:

1,000 shares authorized

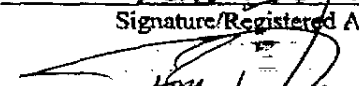
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Tom Daher
2070 Carolina Ave NE
St. Pete., FL 33703**ARTICLE VI REGISTERED AGENT**The name and Florida street address of the registered agent is:Tom Daher
2070 Carolina Ave NE
St. Pete., FL 33703**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Tom Daher
2070 Carolina Ave NE
St. Pete., FL 33703

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

Signature/IncorporatorFILED
02 DEC 19 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA12/17/02

Date12/17/02

Date