# P030000001133

(Requestor's Name)					
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PICK-UP	☐ WAIT	MAIL			
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(Document Number)					
Certified Copies	_ Certificates	s of Status			
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03 FEB 20 AM II: 00



# TRANSMITTAL LETTER

•	Department of State Division of Corporations P.O.Box 6327 Tallahassee, FL 32314				
	SUBJECT: DODD'S AUTO REPAIRS (Proposed corporate name-must include suffix)			fix)	
Enclosed is an original and one(1) copy of the arrticles of incorporation and a check for:					
	☒ \$ 70.00	<b>5</b> 78.75	□ \$ 78.75	\$ 87.50	
	Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy ADDITIONAL COP	Filing Fee, Certified Copy & Certificate of Status	
	FROM WILLIAM DODD			. 2	
4453 COLLEC Address ORLANDO City, State &		FL 32811		William DODP GAVE AUTHORIZATION BY PHONE TO	
		407-298-4685 Daytime Telephone number			CORRECT SUFFIX  DATE 2-21-03  DOC. EXAM VS

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

### ARTICLES OF INCORPORATON

03 FEB 20 AH 11:00

• The undersigned incorporator for the purpose of forming a corporation under the Florida SLIGHT UF STATE

Business Corporation Act, hereby adopts the following Articles Of Incorporation.

# ARTICLE 1 NAME

The name of the corporation shall be:

DODD'S AUTO REPAIRS INCORPORATED

## ARTICLE 11 PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 4453 COLLEGE RD

ORLANDO FL 32811

## ARTICLE 111 SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

50,000

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

WILLIAM DODD 4453 COLLEGE RD ORLANDO FL 32811

# ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

WILLIAM DODD 4453 COLLEGE RD ORLANDO FL 32811

> Askillon H. Dodd Signature/Incorporator

2/17/03 DATE

ARTICLE VI PRESIDENT'S NAME AND ADDRESS

FIFD

03 FEB 20 AM II: 00

· . WILLIAM DODD 4453 COLLEGE RD · . ORLANDO FL 32811

SEURLIARY OF STATE (An additional article must be added if an effective date is requested) HASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties and accept the obligations of my position as registered agent.

Signature/Registered Agent

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