

PD3000046633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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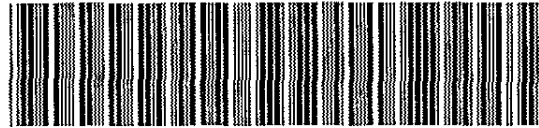
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

**SUBJECT:** St. Petersburg Collision ,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:** Jack Hamersma  
Name (Printed or typed)  
606 15th Ave NE  
Address  
St. Petersburg , Florida 33704  
City, State & Zip  
727-822-5218  
Daytime Telephone number

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

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TALLAHASSEE FLORIDA

## 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:

St. Petersburg Collision ,Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1120 1st Avenue N.  
St. Petersburg , Florida 33705

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Collision Repair

### 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):

Jack Hamersma  
606 15th Ave NE  
St. Petersburg , Florida 33704

### ARTICLE VI REGISTERED AGENT

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

Jack Hamersma  
606 15th Ave NE  
St. Petersburg , Florida 33704

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jack Hamersma  
606 15th Ave NE  
St. Petersburg, Florida 33704

\*\*\*\*\*

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

4/21/03  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

4/21/03  
\_\_\_\_\_  
Date