

P03000084919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

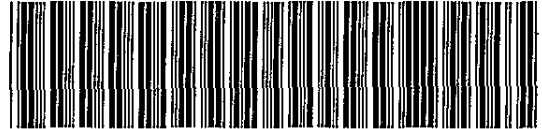
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/30/03--01017--010 \*\*78.75

03 JUL 30 PM 3:50

CLERK OF STATE  
DIVISION OF CORPORATIONS

8-4-03

## TRANSMITTAL LETTER

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

SUBJECT: Michael F CASTAGNA Automobile Sales 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: Michael F CASTAGNA  
Name (Printed or typed)

15 Ferry Place  
Address

ST. Augustine Florida 32084  
City, State & Zip

904-829-0815  
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 F CASTAGNA Automobile Sales Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

15 Ferry Place, St. Augustine FL 32084

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To expand and hire employees

**ARTICLE IV SHARES**

The number of shares of stock is:

\$1,000.00

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

**ARTICLE VI REGISTERED AGENT**

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

Michael F CASTAGNA  
15 Ferry Place, St Aug FL 32084

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Michael F CASTAGNA  
15 Ferry Place, St Aug FL 32084

\*\*\*\*\*

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

Michael F Castagna  
Signature/Registered Agent

7.30.3  
Date

Michael F Castagna  
Signature/Incorporator

7.30.3  
Date

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
03 JUL 30 PM 3:50