## Do3000135-797

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## TRANSMITTAL LETTER

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

SUBJECT: St. Augustine Tire, Inc. (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)				
	(PROPOSED CORPORAT	FE NAME – <u>MUST INCLU</u>	DE 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	& Certified Copy	& Certificate of Status	
		ADDITIONAL COI	Y REQUIRED	
FROM:	Ralph R.	Smith	<del></del>	
149 King Street				
-	Address			
_	St. Augusting Florida 32080 City, State & Zip			
-	904-461-2624 / \$23-1100  Daytime Telephone number			
	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)	FILED
ARTICLE I NAME	03 NOV 12 PH 6:40
The name of the corporation shall be:	SECHERALI, OF STATE TALLAMASSEE, FLORIDA
St. Augustine Tire, Inc.	TALLAHASSEE, ELURIDA
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  149 King Street  St. Augustine, Florida 32084  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  To concuct Abusiness for profit Automobile repair / the sales  ARTICLE IV SHARES  The number of shares of stock is:  One Thousand (100)	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):  Ralph R. Smith, President and Treas  Sue A. Smith, Vice-President And	surcr 1 Secretary
ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered agent is:  RAIPH R. Smith  149 King Street  St Augustine, Florida 32014  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  RAIPH R. Smith  149 King Street  St Augustine, Florida 32014	
**************	******
Having been named as registered agent to accept service of process for the above stated corpor- certificate, I am familiar with and accept the appointment as registered agent and agree to act in t	
	11/2/21/2
Signature/Registered Agent	Date
Dell DI Tal	1 1