

P04000005823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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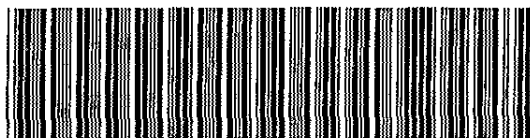
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEC. OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: ISLANDER AUTOMOTIVE REPAIR, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: MELVIN M WITHERSPOON

Name (Printed or typed)

1301-D PENMAN ROAD

Address

JACKSONVILLE BEACH FL 32250

City, State & Zip

904-270-2124

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:

ISLANDER AUTOMOTIVE REPAIR, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2027 MAYPORT ROAD, ATLANTIC BEACH, FL 32233

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

AUTOMOTIVE REPAIR

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MELVIN M. WITHERSPOON, 112 7TH STREET, ATLANTIC BEACH, FL 32233-PRES/DIRECTOR
KEVIN P. FITZGERALD, 3841 ASHGLN DR E, JACKSONVILLE FL 32224-VP/DIRECTOR
JOHN E. IRVINE, 1003 15TH AVE N, JACKSONVILLE BEACH, FL 32250-VP/DIRECTOR

ARTICLE VI REGISTERED AGENT

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

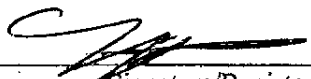
MELVIN M. WITHERSPOON
112 7TH STREET, ATLANTIC BEACH, FL 32233

ARTICLE VII INCORPORATOR

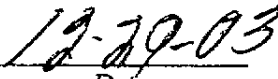
The name and address of the Incorporator is:

MELVIN M. WITHERSPOON
112 7TH STREET, ATLANTIC BEACH, FL 32233

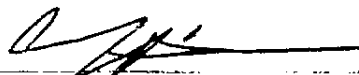
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Date



Signature/Incorporator



Date

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA