

PO4000011057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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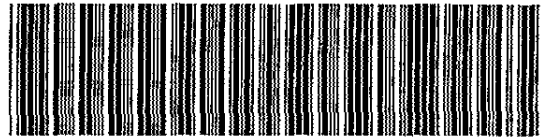
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JAN -8 PM 7:01

FILED

TRANSMITTAL LETTER

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

SUBJECT: MOONLIGHT COMPLETE MAINTENANCE, 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: MOONLIGHT COMPLETE MAINTENANCE, INC.
Name (Printed or typed)

P.O. BOX 260502
Address

TAMPA, FL 33685
City, State & Zip

813 - 886 - 6992
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)

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04 JAN -8 PM 7:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

MOONLIGHT COMPLETE MAINTENANCE, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

BUSINESS

12622 STANWYCK CIR.
TAMPA, FL 33626

MAILING

P.O. BOX 260502
TAMPA, FL 33685

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ENGAGE OR TRANSACT ANY OR ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, STATE OF FLORIDA, OR ANY OTHER STATE, COUNTRY, TERRITORY OR NATION.

ARTICLE IV SHARES

The number of shares of stock is: 10,000 (TEN THOUSAND) SHARES OF COMMON STOCK AT NON-PAR VALUE

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

JACKI K. LEE

12622 STANWYCK CIR

TAMPA, FL 33626

PRESIDENT / SECRETARY / TREASURER

ARTICLE VI REGISTERED AGENT

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

JOHN V. TORTORELLO

4822 BONITA VISTA DR.

TAMPA, FL 33634

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JACKI K. LEE

12622 STANWYCK CIR.

TAMPA, FL 33626

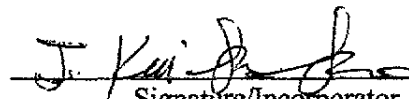
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

1/5/04

Date



Signature/Incorporator

1/5/04

Date