

PO4000016058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

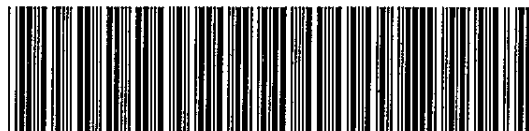
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2004 JAN 20 AM 11:56
TALLAHASSEE FLORIDA

1/27/04

TRANSMITTAL LETTER

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2004 JAN 20 AM 11:56

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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

SUBJECT: AXLE HUT 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: AMERICAN ACCOUNTING ASSOC., INC.
Name (Printed or typed)

506 S FEDERAL HWY STE 201
Address

STUART FL 34994
City, State & Zip

772-286-7005
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:

AXLE HUT INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3711 S 7th Street
Fort Pierce FL 34982

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Wholesale Mfg

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Chris Svenson Pres
8428 SE Double Tree
Hobe Sound FL 33455

ARTICLE VI REGISTERED AGENT

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

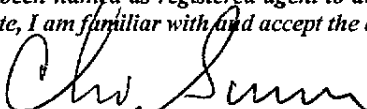
Chris Svenson
8428 SE Double Tree
Hobe Sound FL 33455

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Chris Svenson
8428 SE Double Tree
Hobe Sound FL 33455

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

1-15-04

Date



Signature/Incorporator

1-15-04

Date

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CLERK OF STATE
TALLAHASSEE FLORIDA