

P040000042175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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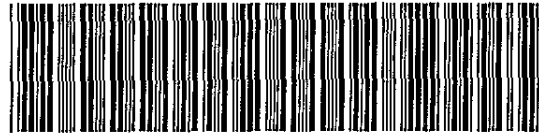
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

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2/3/04

## TRANSMITTAL LETTER

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

SUBJECT: J & A TOOLS, 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: Juan Soriano  
Name (Printed or typed)

2230 Shadow Oaks Rd.  
Address

Sarasota, Fl. 34240  
City, State & Zip

941-914-0295  
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:

J & A TOOLS, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2230 Shadow Oaks Rd.  
Sarasota, Fl. 34240

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Foundation of a Tool Dealership

### **ARTICLE IV SHARES**

The number of shares of stock is:

1,000 Shares @ \$ 1.00 Each

### **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:

Juan Soriano  
2230 Shadow Oaks Rd.  
Sarasota, Fl. 34240

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Juan Soriano  
2230 Shadow Oaks Rd.  
Sarasota, Fl. 34240

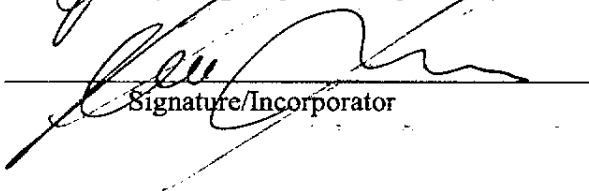
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

2-26-2004

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

2-26-2004

\_\_\_\_\_  
Date

**FILED**

04 FEB 27 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA