

P04000055509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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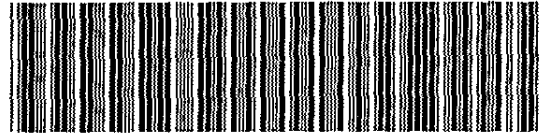
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04 MAR 23 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OB 3/21

TRANSMITTAL LETTER

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

SUBJECT: UNITED AUTO TRANSFERS, 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: UNITED AUTO TRANSFERS, INC.

Name (Printed or typed)

5640 SW 6TH PLACE, #800

Address

OCALA, FL 34474

City, State & Zip

352/465-2284

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:

UNITED AUTO TRANSFERS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5640 SW 6TH PLAGE, #800 , OCALA, FL 34474

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ADMINISTRATIVE OFFICE WORK

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MAUREEN A. HARRY - PRESIDENT/V-PRESIDENT/SECRETARY/TREASURER
1950 SW 189TH AVENUE
DUNNELLON, FL 34432

ARTICLE VI REGISTERED AGENT

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


MAUREEN A. HARRY
1950 SW 189TH AVENUE
DUNNELLON, FL 34432

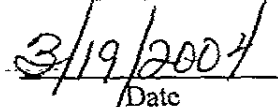
ARTICLE VII INCORPORATOR

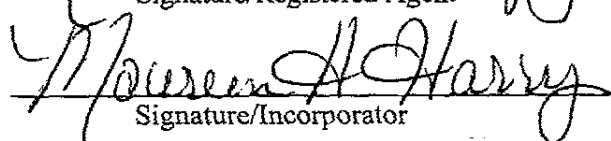
The name and address of the Incorporator is:

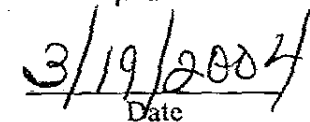
MAUREEN A. HARRY
1950 SW 189TH AVENUE
DUNNELLON, FL 34432

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
04 MAR 23 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA