

P04800113476

(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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SECRETARY OF STATE
MICHIGAN

8-3-04
WCC

TRANSMITTAL LETTER

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

SUBJECT: Munzy's Motors, 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: James R. Munns

Name (Printed or typed)

183 SW Sisters Welcome Road

Address

Lake City, FL 32025

City, State & Zip

(386) 961-8085 or (386) 288-8034

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:

Munzy's Motors, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

183 SW Sisters Welcome Road, Lake City, FL 32025

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Automobile sales

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Rodney L. Cribbs, 539 SW Churchill Way, Lake City, FL 32025 President

James R. Munns, 279 SW Sweetbreeze Drive, Lake City, FL 32024 Secretary

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

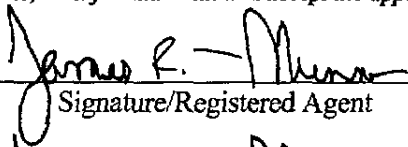
James R. Munns, 279 SW Sweetbreeze Drive, Lake City, FL 32024

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

James R. Munns, 279 SW Sweetbreeze Drive, Lake City, FL 32024

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

8/02/2004

Date



Signature/Incorporator

8/02/2004

Date

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2004 AUG -3 P 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA