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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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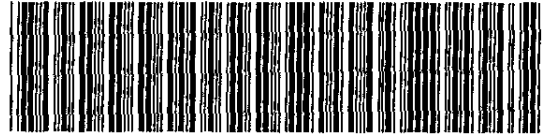
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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11-18

TRANSMITTAL LETTER

November 12, 2004

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

SUBJECT: JIMMY'S AUTO CLINIC, INC.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: JAMES SIMPSON  
Name (Printed or typed)

771 SW South MACEDO Blvd  
Address

Port St. Lucie, Florida 34983  
City, State & Zip

(561) 873-1818  
Daytime Telephone number

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DIVISION OF STATE  
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

**ARTICLES OF INCORPORATION**

**OF**

**JIMMY'S AUTO CLINIC, INC..**

\*\*\*\*\*

**The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.**

**ARTICLE I. NAME**

**The name of this corporation shall be:**

**JIMMY'S AUTO CLINIC, INC.  
2637 OKEECHOBEE ROAD  
FORT PIERCE, FLORIDA 34947**

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TALLAHASSEE, FLORIDA

**ARTICLE II. INITIAL REGISTERED OFFICE AND MAILING ADDRESS**

**The street address of the initial registered office of this corporation is 2637 Okeechobee Road, Fort Pierce, Florida 34947**

**ARTICLE III. CAPITALIZATION**

**The aggregate number of shares which the corporation is authorized to issue is 1,000. Such shares shall be of a single class, and shall have a par value of \$1.00 per share.**

**ARTICLE IV. INITIAL REGISTERED AGENT**

**The name and address of the initial registered agent is:**

**Patricia Sanders  
2637 Okeechobee Road  
Fort Pierce, Florida 34947**

## ARTICLE V. INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Lena M. Johns  
2637 Okeechobee Road  
Fort Pierce, Florida 34947

Lena M. Johns  
Signature/Incorporator

11-12-04  
Date

## ARTICLE VI. INITIAL BOARD OF DIRECTORS

This Corporation shall have two Directors initially. The number of directors may be either increased or decreased from time to time in accordance with the provisions of the By-Laws. The name and address of the initial Director of this Corporation is:

President - Lena M. Johns  
2637 Okeechobee Road  
Fort Pierce, Florida 34947

Vice-President - Patricia Sanders  
2637 Okeechobee Road  
Fort Pierce, Florida 34947

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TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Patricia Sanders  
Signature/Registered Agent

11-12-04  
Date

## STATE OF FLORIDA

### COUNTY OF ST. LUCIE

The foregoing instrument was acknowledged before me this 12th day of November, 2004 by Lena M. Johns who is personally known to me or who has produced Florida Driver's License as identification and who did not take an oath.

Print Name: JAMES C. SIMPSON  
Notary

