

P04000/64801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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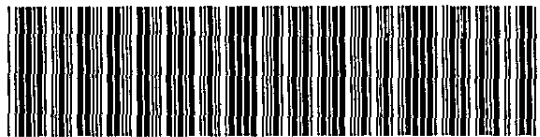
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
CLERK OF COURT

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TRANSMITTAL LETTER

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

SUBJECT: Frankie's Auto Sales & Service, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Frankie's Auto Sales & Service, Inc.

Name (Printed or typed)

5200 Sunbeam Road, Suite 2

Address

Jacksonville, Florida 32257

City, State & Zip

904-703-0356

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:

Frankie's Auto Sales & Service, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5200 Sunbeam Road, Suite 2
Jacksonville, Florida 32257

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Automobile sales, restoration, service, and total car care

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):

Anthony A. Fiano, President

ARTICLE VI REGISTERED AGENT

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

Anthony A. Fiano
12201 Nobleman Drive
Jacksonville, Fl. 32223

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Anthony A. Fiano
12201 Nobleman Drive
Jacksonville, Fl. 32223

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA