

POS000/21295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

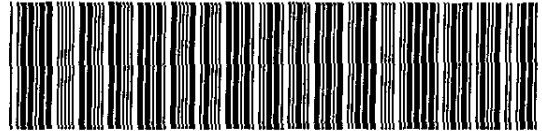
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 SEP - 1 AM 8:40

FILED

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## TRANSMITTAL LETTER

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

**SUBJECT:** NXCESS AUTOS & ACCESSORIES, 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:** NICHOLAS WAYNE HENDERSON

Name (Printed or typed)

1700 MASSACHUSETTS AVENUE

Address

LYNN HAVEN, FLORIDA 32444

City, State & Zip

850-527-8673

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)

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05 SEP -1 AM 8:40

**ARTICLE I NAME**

The name of the corporation shall be:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NXCESS AUTOS & ACCESSORIES, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1319 NEW YORK AVENUE  
LYNN HAVEN, FLORIDA 32444

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

AUTO AND ACCESSORY SALES AND WINDOW TINTING

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

NICHOLAS WAYNE HENDERSON  
1700 MASSACHUSETTS AVENUE  
LYNN HAVEN, FLORIDA 32444

**ARTICLE VI REGISTERED AGENT**

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

NICHOLAS WAYNE HENDERSON  
1700 MASSACHUSETTS AVENUE  
LYNN HAVEN, FLORIDA 32444

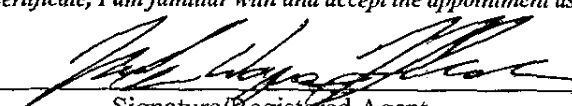
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

NICHOLAS WAYNE HENDERSON  
1700 MASSACHUSETTS AVENUE  
LYNN HAVEN, FLORIDA 32444

\*\*\*\*\*

*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