

PO6000081234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

528-7012
Sheila
or
Michael
962-2650

Office Use Only



800076036598

06/14/06--01022--004 **78.75

RECEIVED
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

06 JUN 14 PM 12:24

RECEIVED

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 JUN 14 PM 12:54

FILED

C.F. 6-14

COVER LETTER

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

SUBJECT: Sopchoppy AUTO MOTIVE 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: Michael Sorrell
Name (Printed or typed)

PO Box 249 2148 Sopchoppy Hwy
Address

SOPCHOPPY FL 32358
City, State & Zip

850 962 2650
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:

Sopchappy AUTOMOTIVE INC

FILED

06 JUN 14 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2148 Sopchappy Hwy
PO Box 249 Sopchappy FL 32358

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any AND ALL LEGAL BUSINESS/VEHICLE REPAIR

ARTICLE IV SHARES

The number of shares of stock is:

2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

P- Michael W Sorrell PO Box 249 Sopchappy FL 32358
VP- DAVID D NORMAN PO Box 249 Sopchappy FL 32358

ARTICLE VI REGISTERED AGENT

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

Michael W Sorrell
2434 Sopchappy Hwy Sopchappy FL 32358

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael W SORRELL
2434 Sopchappy Hwy Sopchappy FL 32358

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

Michael W SORRELL

Date

6/14/06

Signature/Incorporator

Michael W SORRELL

Date

6/14/06