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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Da

## TRANSMITTAL LETTER

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

**SUBJECT:** Mopars by Maxwell, 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:** Dennis and Kimberly Maxwell

Name (Printed or typed)

150 Bergen Circle

Address

Auburndale, Florida 33823

City, State & Zip

Home...863-968-0909

Daytime Telephone number

Kim's cell 904 200 0893

**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:

Mopars by Maxwell, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

150 Bergen Circle  
Auburndale, Florida 33823

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Restore, buy and sell cars.

## 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):

Dennis Maxwell, President  
150 Bergen Circle  
Auburndale, Florida 33823

Kimberly Maxwell, Vice President  
150 Bergen Circle  
Auburndale, Florida 33823

## ARTICLE VI REGISTERED AGENT

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

Kimberly Maxwell  
150 Bergen Circle  
Auburndale, Florida 33823

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kimberly Maxwell  
150 Bergen Circle  
Auburndale, Florida 33823

\*\*\*\*\*

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

*K. Maxwell*  
Signature/Registered Agent

*8-14-06*  
Date

*K. Maxwell*  
Signature/Incorporator

*8-14-06*  
Date

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06 AUG 18 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA