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(Requestor's Name) (Address) (Address)	200079951012
(City/State/Zip/Phone #)	09/20/0601025003 **70.00
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## **COVER LETTER**

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

# SUBJECT: OTTO'S VW REPAIR, 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	<b>\$87.50</b>
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL CO	<b>DPY REQUIRED</b>

FROM: ACCOUNTING & CLERICAL BY REEVES & ASSOCIATES, INC.

Name (Printed or typed)

501 GOODLETTE ROAD, SUITE B204

Address

# NAPLES, FLORIDA 34102

City, State & Zip

239-434-7757

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:

OTTO'S VW REPAIR, INC.

ARTICLE II **PRINCIPAL OFFICE** 

The principal place of business/mailing address is:

5833 HOUCHIN STREET, UNIT G NAPLES, FLORIDA 34109

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**AUTOMOTIVE REPAIRS** 

#### 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):

WILLIAM UNLAND PRESIDENT 541 18TH STREET S. E. NAPLES, FLORIDA 34117

#### ARTICLE VI **REGISTERED AGENT**

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

BARBARA UNLAND 541 18TH STREET S. E. NAPLES, FLORIDA 34117

### ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

ACCOUNTING & CLERICAL BY REEVES & ASSOCIATES, INC. 501 GOODLETTE ROAD, SUITE B204 NAPLES, FLORIDA 34102

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

abuide Signature/Incorporator

09/10/2006 Date 09/10/2006 Date

FILED 06 SEP 20 PM 2: 5.8 SECRETARY OF STATE TALLAHASSEE, FLORIDA