# P0700006/498

(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:  Authorization by Phone to CORRECT HY LIC R. T. DATE 5/23/47  DOC. EXAM.				

Office Use Only



100102929351

05/22/07--01022--018 \*\*80.00



MRS/23

# **COVER LETTER**

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

SUBJECT:	BJECT: Frank's Pure Muscle,INC.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an ori	ginal and one (1) copy of the artic	cles of incorporation and	l a check for:	
\$70.00 Filing Fee	₹ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status PPY REQUIRED	
FROM: F	ranklin L. Mayfield			
i kom.	Name	(Printed or typed)		
	4875 State RD. 207			
	<i>A</i>	Address	<u> </u>	
	Elkton, Florida 32033	State & Zip		
	904-692-1061	come at tip		
		elephone number	<del></del>	

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:

Frank's Pure Muscle, Inc.

07 MAY 22 PH 1: 03

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4875 SR 207 Elkton, Fl. 32033

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Garage and Body Shop Business

#### 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):

Franklin L. Mayfield, President 404 Spring Ridge CT. St. Aug., Florida 32092

Todd A. Mayfield, Vice President 12550 Cassett Ref. St. Aug. 1550 Pring Ridge CT. St. Aug. 17. 32092

Melanie Madzel, Treasurer 252 Whisper Ridge Dr. St. Aug. 17. 32092

#### ARTICLE VI REGISTERED AGENT

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

Franklin L. Mayfield 404 Spring Ridge Court St. Augustine, Fl. 32092

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Franklin L. Mayfield 404 Spring Ridge Court St. Augustine, Fl. 32092

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

Signature/Incorporator

Date

Date