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SECRETARY OF STATE.
TALLAHASSEF, FISHE.

0. WHITE JUL 30 2007

# TRANSMITTAL LETTER

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

SUBJECT: JIMMY'S AWTO REPAIR CLANIC, INC.
(Propused surporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00 Filing Fee \$78.75
Filing Fee
& Certificate

**□\$122.50** 

\$131.25

Filing Fee & Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: JAMES SIMPSON
Name (Printed or typed)

77.1 SW South MACEDO Blud

Port St. L-UCIE, FLORIDA 34983 City, State & Zip

(561) 873-1818

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

### ARTICLES OF INCORPORATION

JIMMY'S AUTO REPAIR CLINIC, INC.

Whe undersigned incorporator(s), for the purpose of forming a corporation ander the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

The name of this corporation shall be:

## JIMMY'S AUTO REPAIR CLINIC, INC. **2637 OKEECHOBEE ROAD FORT PIERCE. FLORIDA 34947**

### ARTICLE II. INITIAL REGISTERED OFFICE AND MAILING ADDRESS

The street address of the initial registered office of this corporation is: 2637 Okeechobee Road, Fort Pierce, Florida, 34947

#### ARTICLE III: CAPITALIZATION

The aggregate number of shares which the corporation is authorized to issue is 1,000. Such shares shall be of a single class, and shall have a par value of \$1.00 per share.

### ARTICLE IV. INITIAL REGISTERED AGENT

The name and address of the initial registered agent is:

**PATRICIA SANDERS 2637 OKEECHOBEE ROAD FORT PIERCE, FLORIDA 34947** 

## ARTICLE V. INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

> **PATRICIA SANDERS 2637 OKEECHOBEE ROAD** FORT PIERCE. FLORIDA 34947

Signature/Incorporator

### ARTICLE VI. INITIAL BOARD OF DIRECTORS

This Corporation shall have the following Directors initially. The number of directors may be either increased or decrease from time to time in accordance with the provisions of the By-Laws. The name and address of the initial Directors of this Corporation are:

> President - Patricia Sanders 2637 Okeechobee Road Fort Pierce, Florida 34947

Having been named as the registered agent and to accept service for the above stated corporation at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

STATE OF FLORIDA **COUNTY OF ST. LUCIE** 

The foregoing instrument was acknowledged before me this 25th day of July 2007 by Patricia Sanders who is personally known to me or who has produced a Florida State Drivers License as identification and who did not take an oath.

Print Name: JAMES C. SIMPSON NOTABY

NOTARY PUBLIC-STATE OF FLORIDA James C. Simpson Commission # DD579964
Expires: SER 13, 2010
BONDED THRU ATLANTIC BONDING GO., INC.