

0080066/4399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

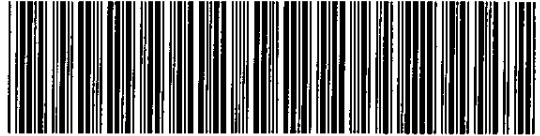
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08 FEB -7 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2/20



## TRANSMITTAL LETTER

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

**SUBJECT:** NEXT GENERATION AUTO SALES CORP.

(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** PHICHOL WILLIAMS

Name (Printed or typed)

16860 SW 283 STREET

Address

HOMESTEAD ,FLORIDA 33030

City, State & Zip

305-879-2346

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:

NEXT GENERATION AUTO SALES CORP.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

16860 SW 283 STREET HOMESTEAD ,FLORIDA 33030

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

BUY & SELL MOTOR VEHICLES

## 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):

PHICHOL WILLIAMS (PRESIDENT) & (SECRETARY) 16860 SW 283 STREET HOMESTEAD ,FL 33030

## ARTICLE VI REGISTERED AGENT

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

PHICHOL WILLIAMS 16860 SW 283 STREET HOMESTEAD ,FLORIDA 33030

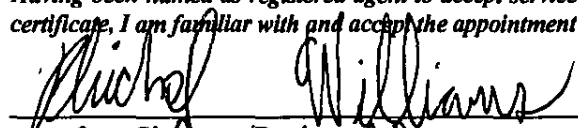
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PHICHOL WILLIAMS 16860 SW 283 STREET HOMESTEAD ,FLORIDA 33030

\*\*\*\*\*

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

2-2-2008

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

2-2-2008

\_\_\_\_\_  
Date

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