

PD9000050053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

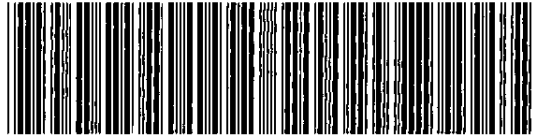
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09 JUN -8 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
6/9

COVER LETTER

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

SUBJECT: J.J.C. Auto Works, 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: Leland R. Madsen
Name (Printed or typed)

2123 NE 7th Street
Address

Ocala, Florida; 34470
City, State & Zip

352-629-5868 (cell) 352-598-7657
Daytime Telephone number

lrmadsen@earthlink.net
E-mail address: (to be used for future annual report notification)

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: J.J.C. Auto Works, Inc.

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09 JUN -8 PM 12: 19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

660 SW 13th Street
Ocala, Florida; 34471

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Automotive Specialty Services

ARTICLE IV SHARES

The number of shares of stock is:

10,000 @ \$1.00 per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

James T. Johnson; 2815 NW Pine Avenue; Ocala, Florida; 34475; PRESIDENT
Justin D. Johnson; 4660 SE 58th Place; Ocala, Florida; 34480; VICE PRESIDENT

ARTICLE VI REGISTERED AGENT

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

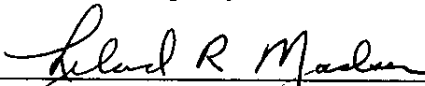
Leland R. Madsen
2123 NE 7th Street
Ocala, Florida; 34470

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

James T. Johnson
2815 NW Pine Avenue
Ocala, Florida; 34475

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

LELAND R. MADSEN
2123 NE 7TH ST.; OCALA, FL
34470

6/4/09

Date



Signature/Incorporator

JAMES T. JOHNSON
2815 NW PINE AVE.; OCALA, FL
34475

6/4/09

Date