

PO9000085813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

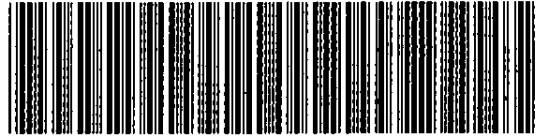
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800161462458

10/16/09--01013--006 **70.00

FILED
09 OCT 16 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
10/19

Bauer & Associates

ATTORNEYS AT LAW

A Professional Association

KIRK T. BAUER
STEPHEN J. BRAUN

POST OFFICE BOX 459
223 SOUTH WOODLAND BOULEVARD
DeLAND, FLORIDA 32721-0459
www.delandattorneys.com

TELEPHONE: (386) 734-3313
FAX: (386) 738-0424

October 13, 2009

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

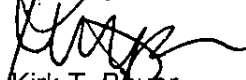
RE: West Volusia Collision Center, Inc.

Dear Sir or Madam:

Enclosed please find an original and one copy of the Articles of Incorporation and an original and one copy of the Certificate of Designation of Registered Agent/Registered Office for West Volusia Collision Center, Inc. I have enclosed a check in the amount of \$70.00 in payment of your fees.

Please file the Articles of Incorporation and Certificate of Designation of Registered Agent/Registered Office and provide us with the date incorporation was approved.

Sincerely,
BAUER & ASSOCIATES
Attorneys at Law, P.A.


Kirk T. Bauer

KTB:mh
Enclosure

FILED

09 OCT 16 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
WEST VOLUSIA COLLISION CENTER, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation:

Article I

The name of the corporation shall be: WEST VOLUSIA COLLISION CENTER, INC.

Article II

The principal place of business shall be 10 Arrowhead Circle, Ormond Beach, Florida 32174 and the mailing address of this corporation is 10 Arrowhead Circle, Ormond Beach, Florida 32174.

Article III

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

Article IV

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares.

Article V

The initial officers of the corporation are:

MICHAEL RINEHART	President
JOSEPH E. STACKHOUSE	Vice-President
JOSEPH E. STACKHOUSE	Secretary
MICHAEL RINEHART	Treasurer

Article VI

The initial directors of the corporation are:

MICHAEL RINEHART	10 Arrowhead Circle
	Ormond Beach, Florida 32174
JOSEPH E. STACKHOUSE	691 Winterberry Trail
	DeLand, Florida 32724

Article VII

The name and address of the initial registered agent is:

MICHAEL RINEHART
10 Arrowhead Circle
Ormond Beach, Florida 32174

FILED

09 OCT 16 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article VIII

This corporation is to exist perpetually.

Article IX

The name and street address of the incorporator to these Articles of Incorporation is:

MICHAEL RINEHART
10 Arrowhead Circle
Ormond Beach, Florida 32174

The undersigned incorporator has executed these Articles of Incorporation this 13
day of October, 2009.


MICHAEL RINEHART

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

FILED

09 OCT 16 PM 12:56

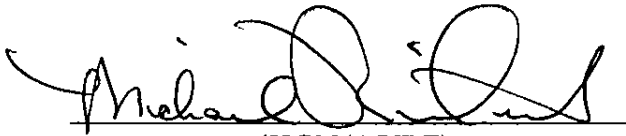
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: WEST VOLUSIA COLLISION CENTER, INC.
2. The name and address of the registered agent and office is:

MICHAEL RINEHART
10 Arrowhead Circle
Ormond Beach, Florida 32174

Having been named as registered agent and to accept service of process 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)

10/13/2009
(DATE)

**DIVISION OF CORPORATIONS
P. O. BOX 6327, TALLAHASSEE, FL 32314**