

P100000803/3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

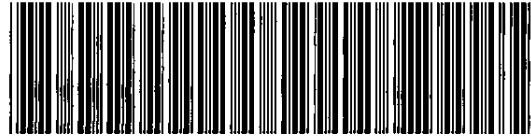
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300185334863

09/16/10--01016--003 **78.75

10 SEP 27 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

HN

TRANSMITTAL LETTER

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

SUBJECT: OLDE TOWN REPAIRS
(PROPOSED CORPORATE 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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: ANDREW B. PENN
Name (Printed or typed)

941 COLLIE LANE
Address

MAITLAND, FL 32751
City, State & Zip

407-399-0345
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2010

ANDREW B. PENN
941 COLLIE LANE
MAITLAND, FL 32751

SUBJECT: OLDE TOWN REPAIRS
Ref. Number: W10000043824

We have received your document for OLDE TOWN REPAIRS and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 010A00022213

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:

OLDE TOWN REPAIRS Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

941 COLLIE LN
MAITLAND, FL 32751

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Protection of Assets

ARTICLE IV SHARES

The number of shares of stock is:

100 shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Andrew B. Penn
941 COLLIE LN.
MAITLAND, FL 32751

10 SEP 27 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Andrew B. Penn
941 COLLIE LANE
MAITLAND, FL 32751

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Andrew B. Penn
941 COLLIE LN.
MAITLAND, FL 32751

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

Andrew B. Penn

Signature/Registered Agent

9-10-10

Date

Andrew B. Penn

Signature/Incorporator

9-10-10

Date