

P10000083501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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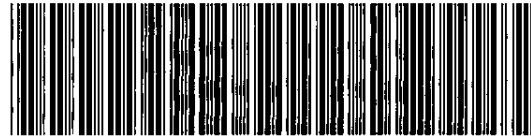
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2010 OCT 12 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 OCT 13 2010

COVER LETTER

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

SUBJECT: N.K. Mobile Auto-Repair, 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: Nikolai Kotsenko
Name (Printed or typed)

6770 Forsyth oak ct
Address

Orlando FL 32807
City, State & Zip

407 222 4006
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:

N.K. Mobile Auto Repair inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6770 Forsyth oak ct
Orlando Florida 32807

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Auto Repair

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):

Nikolai Kotsenko
6770 Forsyth oak ct
Orlando Florida 32807
President

ARTICLE VI REGISTERED AGENT

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

Nikolai Kotsenko
6770 Forsyth oak ct
Orlando Florida 32807

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Nikolai Kotsenko
6770 Forsyth oak ct. Orlando Florida
32807

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

10.07.10

Date



Signature/Incorporator

10.07.10

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA