

P10000090482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

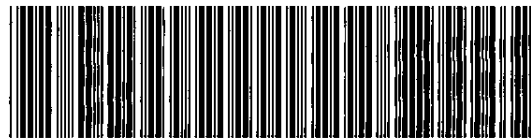
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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11/04/10--01027--013 \*\*70.00

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2010 NOV -4 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 8 2010

## COVER LETTER

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

SUBJECT: Mott's 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: Jack Mott

Name (Printed or typed)

PO Drawer K

Address

Live Oak, FL 32064

City, State & Zip

(386) 362-1022

Daytime Telephone number

mottusedcars@hotmail.com

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**

Mott's Inc.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1301 W. Howard ST

Live Oak, FL 32064

Mailing address, if different is:

PO Drawer K

Live Oak, FL 32064

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Car sales and service

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jack Mott, President

Address: PO Drawer K

Live Oak, FL 32064

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Mitchell Mott, Vice President

Address: PO Box 6152

Live Oak, FL 32064

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: James W. Mott, Treasurer

Address: PO Box 6152

Live Oak, FL 32064

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Jack Mott

Address: 1301 W. Howard St

Live Oak, FL 32064

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jack Mott

Address: 1301 W. Howard St

Live Oak, FL 32064

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

Jack Mott  
Required Signature/Registered Agent

11/02/10

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jack Mott  
Required Signature/Incorporator

11/02/10

Date

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TALLAHASSEE, FLORIDA