

P10000094486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

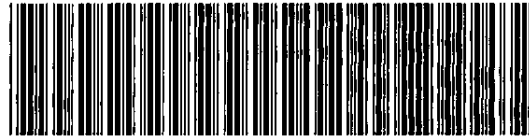
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800187740938

11/18/10--01010--020 **70.00

FILED
2010 NOV 18 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers NOV 18 2010

505

COVER LETTER

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

SUBJECT: R & R AUTOWORXS, 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: RYAN HEXTER

Name (Printed or typed)

8914 WINDSONG LANE

Address

PORT RICHEY, FLA 34668

City, State & Zip

727-226-0538

Daytime Telephone number

RYANHEXTER@YAHOO.COM

E-mail address: (to be used for future annual report notification)

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

FILED
2010 NOV 18 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME R & R AUTOWORXS, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
8030 MASSACHUSETTS AVE
NEW PORT RICHEY, FLORIDA
34653

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
AUTOMOBILE REPAIR

ARTICLE IV SHARES

The number of shares of stock is 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROBERT MORRIS PRESIDENT
Address: 4618 EASTWOOD LANE
HOLIDAY, FLORIDA 34690

Name and Title: _____
Address: _____

Name and Title: RYAN HEXTER DIRECTOR
Address: 8914 WINDSONG LANE
PORT RICHEY, FLORIDA 34668

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

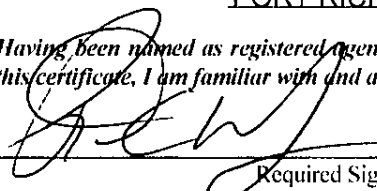
Name: ROBERT MORRIS
Address: 4618 EASTWOOD LANE
HOLIDAY, FLA 34690

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RYAN HEXTER
Address: 8914 WINDSONG LANE
PORT RICHEY, FLA 34668

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

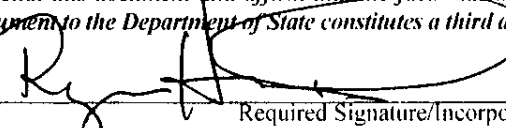


Required Signature/Registered Agent

11/16/2010

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.



Required Signature/Incorporator

11/16/2010

Date

FILED
2010 NOV 18 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA