

P10000100614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

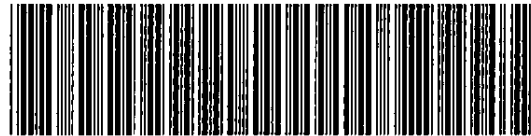
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

10 DEC 13 PM 1:34

FILED

MRS  
12/14

## COVER LETTER

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

SUBJECT: DANNY'S TRANSMISSIONS 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: DANNY WILLIAMS  
Name (Printed or typed)

1661 SE CR 245  
Address

LAKE CITY FL 32025  
City, State & Zip

386-752-4576  
Daytime Telephone number

diedhardchief58@yahoo.com  
E-mail address: (to be used for future annual report notification)

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

Division of Corporations  
Tallahassee Florida

November 3, 2010

To Whom It May Concern:

I am requesting that my corporation name of Danny's Transmissions, Inc <sup>P97000076715</sup>  
Be released and I do not retain the name effective immediately.

This is a unanimous choice by the stockholders.

Thank you,

*Danny Williams*

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

**FILED**

10 DEC 13 PM 1:34

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: DANNY'S TRANSMISSIONS INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

661 SE CR 245  
LAKE CITY FL 32025

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Automotive Repairs

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: DANNY Williams (Pres) Name and Title: \_\_\_\_\_

Address: 661 SE CR 245 Address: \_\_\_\_\_  
LAKE CITY FL 32025

Name and Title: Ruby Williams (Sec) Name and Title: \_\_\_\_\_

Address: 661 SE CR 245 Address: \_\_\_\_\_  
LAKE CITY FL 32025

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

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

**ARTICLE VI REGISTERED AGENT**

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

Name: RUBY Williams  
Address: 661 SE CR 245  
LAKE CITY FL 32025

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Nellie DAVIS  
Address: 846 SW MAIN BVD  
LAKE CITY FL 32025

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

Ruby Williams

Required Signature/Registered Agent

11/15/10  
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.

Nellie Davis

Required Signature/Incorporator

11/15/10  
Date