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(Red	questor's Name)	· /		
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PICK-UP	WAIT	MAIL .		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only

505-W10000056057 192-2553.621



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SECRETARY OF STATE
TALLAHASSEE, FLORID,

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COVER LETTER

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

SUBJECT: Edwards Paint & Body	Shop Corp.
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: James D Edwards Sr	(Printed or typed)
1698 County Road 214	
A	Address
St Augustine FL 32084 City,	State & Zip
904-315-9113 Daytime Te	elephone number
buyandsellwithbelinda@c	gmail.com

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



December 2, 2010

JAMES D EDWARDS SR 1698 COUNTY ROAD 214 ST. AUGUSTINE, FL 32084

SUBJECT: EDWARDS PAINT & BODY SHOP

Ref. Number: W10000056057

We have received your document for EDWARDS PAINT & BODY SHOP 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.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2011 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

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) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 410A00028083



December 9, 2010

JAMES D EDWARDS SR 1698 COUNTY ROAD 214 ST. AUGUSTINE, FL 32084

SUBJECT: EDWARDS PAINT & BODY SHOP

Ref. Number: W10000056057

We have received your document for EDWARDS PAINT & BODY SHOP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the street address of each officer/director.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2011</u> <u>date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

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) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 010A00028618

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

ARTICLE I The name of the cor	NAME Edwards Paint & Body poration shall be:	Shop @p I	ne. 18
ARTICLE II	PRINCIPAL OFFICE		AS =
	Principal street address	ŀ	Mailing address, if different is
2:	3 Pacefic St	1698 Cr	
	t Augustine FL 32084		stine FL 32084 25 -
_			ا بر چ
_	 		(Lat) (Lat)
ARTICLE III			
	nich the corporation is organized is:		F _C ST D
vehicle repair			O8
			1: 08 TATE ORIDA
			_
ARTICLE IV	SHARES		
The number of share	es of stock is:100		
45.5501.5			
	INITIAL OFFICERS AND/OR DIRECTOR		Inman D Edwards Cr. Air ann
Address:	tle: James D Edwards Sr/ Pres		James D Edwards Sr /vic pres
Address:	1698 CR 214		
	St Augustine FL 32084		St Augustine FL 32084
			
Name and Tit	ile: James D Edwards Sr/ Sec	Name and Title:	:
Address:	1698 CR 214		
	St Augustine FL 32084	_	
		_	
N. Lent.			
Name and Tit Address:			
Address:		Address:	
	*		
		 .	
ARTICLE VI	REGISTERED AGENT		
The name and Flor	ida street address (P.O. Box NOT acceptable) o	f the registered ager	nt is:
Name:	Belinda J. Ravan	_	
Address:	364 Summer Care	<u>_</u>	
	57 AND FL 32086	_	
ADMICE DE LITE	TIMODROD AMOD		
	INCORPORATOR		
Name:	ress of the Incorporator is:		
Address:	James D Edwards Sr	_	
Audiess.	1698 cr 214 St Augustine FL 32084	_	
	St Augustine FL 32004	-	
Having been name	d as registered agent to accept service of proces	ss for the above sta	ted corporation at the place designated in
	familiar with and accept the appointment as reg		
	•	J	• •
(15_			12113110
	Required Signature/Registered Agent	 	Date
,	Woden or Distriction of Assessment Victoria	\ \	Daic
I submit this docum	nent and affirm that the facts stated herein are	true. I am aware	that the false information submitted in a
	partment of State constitutes a third degree felon		
1	001	•	
Mari	un Wednands.	L.	12/2/10
	Required Signature/Incorporator	-2	Date