

711000015454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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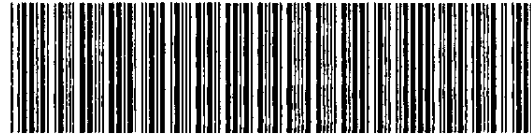
(Business Entity Name)

(Document Number)

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2011 FEB 14 AM 12:36
CLERK OF COURT
TALLAHASSEE, FLORIDA

2 Entries FEB 15 2011

COVER LETTER

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

SUBJECT: D. O. Motorcycle Parts, Co.

(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: T. S. DiLeonardo

Name (Printed or typed)

11231 N W 35th Street

Address

Coral Springs, Florida 33065

City, State & Zip

954-255-8884

Daytime Telephone number

do_fish@bellsouth.net

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 FEB 14 AM 12:36

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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: D. O. Motorcycle Parts, Co.

ARTICLE II PRINCIPAL OFFICE

Principal street address
11231 N W 35th Street
Coral Springs, Florida 33065

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Retail

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: T. S. DiLeonardo, Manager
Address: 11231 N W 35th Street
Coral Springs, Florida 33065

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: T. S. DiLeonardo
Address: 11231 N W 35th Street
Coral Springs, Florida 33065

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: T. S. DiLeonardo
Address: 11231 N W 35th Street
Coral Springs, Florida 33065

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

February 10, 2011

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

February 10, 2011

Date

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