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COVER LETTER

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

SUBJECT: AAA johns 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: john frank sfraga

Name (Printed or typed)

1758 alameda drive

Address

spring hill florida 34609

City, State & Zip

352-585-1680

Daytime Telephone number

jsfraga1@tampabay.rr.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

The name of the corporation shall be: **AAA johns transmissions inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

5801 34th street north
st.petersburg florida 33714

Mailing address, if different is:

1758 alameda dr
spring hill fl 34609

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
transmission parts repair.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: president john frank sfraga

Address:

1758 alameda drive
spring hill fl 34609

Name and Title: _____

Address: _____

Name and Title: secretary karen sfraga

Address:

1758 alameda drive
spring hill fl 34609

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: john frank sfraga

Address: 1758 alameda drive
spring hill fl 34609

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: john frank sfraga

Address: 1758 alameda dr
spring hill fl 34609

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

John Frank Sfraga
Required Signature/Registered Agent

3-10-11

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.

John Frank Sfraga
Required Signature/Incorporator

3-10-11

Date

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RECEIVED
STATE OF FLORIDA
DEPARTMENT OF STATE