

P11000036618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



100201625321

04/14/11--01022--001 **87.50

Special Instructions to Filing Officer:

Albert Wright GAVE

AUTHORIZATION BY PHONE TO

CORRECT ^{write} Entity Name on APP

DATE 4-15-11

DOC. EXAM. S. Collins

Office Use Only

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2011 APR 14 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SC
4-15-11

COVER LETTER

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

SUBJECT: MR NICE GUY A1 CUSTOMS 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: ALBERT WRIGHT
Name (Printed or typed)

3106 EAST HWY 60
Address

LAKE WALES, FL 33859
City, State & Zip

863-241-7887
Daytime Telephone number

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

SECRETARY OF STATE
TALLAHASSEE, FL 32301

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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: MR Nice Guy A1 Customs Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3106 E. HWY 60
LAKE WALES, FL 33859

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
FOR THE SOLE PURPOSE OF THE AUTO DETAIL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 3000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>ALBERT WRIGHT</u>	Name and Title: _____
Address: <u>3106 E HWY 60</u>	Address: _____
<u>LAKE WALES, FL 33859</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
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:

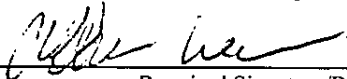
Name: ALBERT WRIGHT
Address: 3106 E HWY 60
LAKE WALES, FL 33859

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MCCASKILL AND ASSOCIATES INC
Address: 318 S SCENIC HWY
LAKE WALES, FL 33853

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

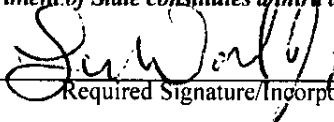


Required Signature/Registered Agent

04-12-2011

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

04-12-2011

Date

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TALLAHASSEE, FL 32399