

P11000065061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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11 JUL 19 PM 12:08

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRS  
7/20

## COVER LETTER

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

**SUBJECT: Suncoast speed & custom cars, 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: Patrick M Murphy

Name (Printed or typed)

440 S. Pinellas Ave

Address

Tarpon Springs FL 34689

City, State & Zip

727-455-1987

Daytime Telephone number

mmurphy@membersautolink.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: Suncoast Speed & Custom Cars, Inc

## **ARTICLE II PRINCIPAL OFFICE**

Principal street address  
440 S Pinellas Ave  
Tarpon Springs FL 34689

Mailing address, if different is:

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Auto Body & Repair Shop

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## **ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Patrick M Murphy Owner  
Address: P.O. Box 351  
Palm harbor, FL 34682

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:

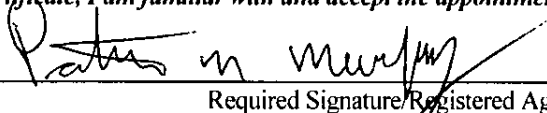
Name: Patrick M Murphy  
Address: 440 S Pinellas Ave  
Tarpon Springs, FL 34689

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

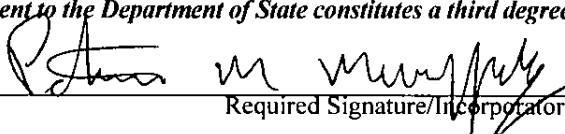
Name: Patrick M Murphy  
Address: 440 S Pinellas Ave  
Tarpon Springs, FL 34689

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

7-14-11  
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.

  
Required Signature/Incorporator

7-14-11  
Date