# P1000084823

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
<u> </u>	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	<u>.</u>
Certified Copies Certificates of St	tatus
Special Instructions to Filing Officer	
Special Instructions to Filing Officer:	
W/-45885	

Office Use Only



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11 SEP 26 PM 4: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA





## COVER LETTER OPIGIFAL

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

SUBJECT:	GARI	NC.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )			
Enclosed are an or	iginal and one (1) copy of the arti	cles of incorporation and a check for:			
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75  Filing Fee & Certified Copy Certificate of Status  ADDITIONAL COPY REQUIRED			
FROM:	ALAN	Hor			
i Rowi.	Name (Printed or typed)				
		st sw			
Address					
	NAPLES,	FL. 34117			
_	City,	State & Zip			
	239-825	5-2179			
<del></del>	Daytime T	elephone number			
	KUNSTRUCTE	embarqmail.com			
_	E-mail address: (to be use	d for future annual report notification)			

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 6, 2011

ALAN HOY 2080 23RD ST SW NAPLES, FL 34117

SUBJECT: GAR INC.

Ref. Number: W11000045885

We have received your document for GAR INC. 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 designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 611A00020614

### ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profi



in computance with Chapter 607 an	d/or Chapter 621, F.S. (Fiolit)	
ARTICLE I NAME The name of the corporation shall be:	GAR ONE	INC X
ARTICLE II PRINCIPAL OFFICE		Δ
Principal street address	Mailing address, if dif	ferent is:
2080 23 PD ST SW		<del> </del>
NAPLES, FL. 34117	C SAHE	
ARTICLE III PURPOSE		
The purpose for which the corporation is organized is:		
WHOLESELL DEALER FOR		
WHOLESELL DEALER TOR C	-IGAKS	50 =
		EG Si
ARTICLE IV SHARES		ASS TANK
The number of shares of stock is:		
ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR	20	
	Name and Title:	
Address: 2080 23 RP ST SW	Address:	
PAPLES, FL. 34117	<u> </u>	
		and the state of t
Name and Title:	Name and Title:	
Address:		
Name and Title:	Name and Title:	
Address:	Address:	
		<del></del>
		<u> </u>
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box NOT acceptable) of Name:	of the registered agent is:	
Name: ALAN HOY Address: 2080 23 PD ST St	 	
NAPLES, FL. 3411	<u>~</u> _	
	<b>-</b>	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:		
Name: ALAN HOY	_	
Address: 2080 23 RP ST S.		
NAPLES, FL. 341	<b>-</b> +	
Having been named as registered agent to accept service of proce- this certificate, I am familiar with and accept the appointment as re	ss for the above stated corporation at the	
	ro.	16/A///XX 0 21 11
Required Signature/Registered Agent		<u> </u>
Kequired Signature/Registered Agent		Date
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felou		$\mathcal{O}$
		B-1811-11 9-21-1
Required Signature/Incorporator		Date .
Required Signature/Incorporator		Date