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J. Sinhers OCT 27 2019

EAST COAST LUBE INC. 9216 COXWELL COURT JACKSONVILLE, FLORIDA 32221 904-894-5057

2011 OCT 26 AM 3: 24
SECRETARY OF STATE TALLAHASSEE, FLORIDA

ATTENTION;

DEPARTMENT OF CORPORATIONS,

WE ARE NOT GOING TO REVOKE THE ORGINAL EAST COAST LUBE INC., AS IT WAS FILED ON 7/15/2008 AS EAST COAST LUBE INC, P08000066619. NO CHANGES HAVE BEEN MADE.

LAWRENCE D CAMPBELL-PRES.

ji oci 25 amio: 49 secretary of state

RECEIVED

COVER LETTER

Department of State **New Filing Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314 SUBJECT: EAST COAST LUBE 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 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status Certified Copy & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: LAWRENCE D CAMPBELL Name (Printed or typed) 9216 COXWELL COURT Address JACKSONVILLE, FLORIDA 32221 City, State & Zip 904-894-5057 Daytime Telephone number

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

dcamp321@comcast.net
E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I No.	AME EAST COAST LUBE INC) .		
921	RINCIPAL OFFICE Principal street address 6 COXWELL COURT CKSONVILLE, FLORIDA 21	Mail	ing address, if different is:	
TO CARRY AN	h the corporation is organized is: D CONDUCT AS PRINCIPAL OR A DF ANY TYPE OF BUSINESS OR (
ARTICLE IV SI The number of shares				
Name and Title: Address:	ITTIAL OFFICERS AND/OR DIRECTORS LAWRENCE D CAMPBELL-PRES, 9216 COXWELL COURT JACKSONVILLE, FLORIDA 32221	Name and Title: Address:	SECRET	
Name and Title: Address:			26 AM 3:	
Name and Title: Address:				
	EGISTERED AGENT			
The <u>name and Florid</u> : Name: Address:	a street address (P.O. Box NOT acceptable) of RUSS DEETER 1716 TIFFANY PINES CIRCLE FAS			
	JACKSONVILLE, FLORIDA 3222			
ARTICLE VII IN	CORPORATOR			
	ss of the Incorporator is:			
Name: Address:	LAWRENCE D CAMPBELL 9216 COXWELL COURT JACKSONVILLE, FLORIDA 32221			
	as registered agent to accept service of process amiliar with and accept the appointment as regis			
Visit	0		10-21-2011	
	Required Signature/Registered Agent		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.				
- Fa	uning Danlell		10-21-2011 Date	
	Required Signature/Incorporator		Date	