

P12000008982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

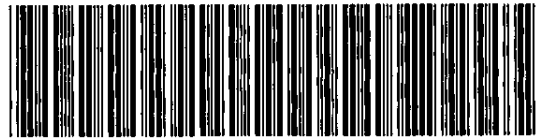
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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DEPARTMENT OF STATE
12 JAN 26 PM 12:47

FILED
12 JAN 26 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

COVER LETTER

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

SUBJECT: Parts 4 less, 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: Michael Jones
Name (Printed or typed)

2305 Killiam Ct Blvd 407 D 73
Address

Tallahassee FL 32309
City, State & Zip

352-219-7195
Daytime Telephone number

ALPHA3dom@aol.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: Parts 4 For Less, Inc

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ARTICLE II PRINCIPAL OFFICE

Principal street address

541 East Tennessee St Ste 120
Tallahassee FL 32308

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Locate Automobile Parts

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mike Jones - President Name and Title: _____

Address: 2305 KILGREN Ct Blvd Apt 073 Address: _____
Tallahassee FL 32309

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: Mike Jones

Address: 2305 KILGREN Ct Blvd Apt 073
Tallahassee FL 32309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mike Jones

Address: 2305 KILGREN Ct Blvd Apt 073
Tallahassee FL 32309

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

Mike Jones
Required Signature/Registered Agent

1-26-12
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.

Mike Jones
Required Signature/Incorporator

1-26-12
Date