(Red	questor's Name)	<u> </u>		
(Add	dress)			
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(City	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to F	Filing Officer:			

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219/12 WIZ-11439

## **COVER LETTER**

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

SUBJECT: A-To-Z Auto Repair	·INC
(PROPOSED CORPOR	RATE NAME – <u>MUST INCLUDE SUFFIX</u> )
•	
Enclosed are an original and one (1) copy of the a	rticles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee, & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
	ne (Printed or typed)
2116 West Gadsde	N St. Address
Pensacola Florida 3	
Cir	y, State & Zip
850-470-0793	Telephone number
allenweaver433@gr	ed for future annual report notification)

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



## RECEIVED

12 HAR -8 AH 11: 09

# FLORIDA DEPARTMENT OF STATE OF COLUMN Division of Corporations

February 28, 2012

ALLEN WEAVER 2116 WEST GADSDEN ST PENSACOLA, FL 32505

SUBJECT: A-TO-Z AUTO REPAIR INC.

Ref. Number: W12000011439

We have received your document for A-TO-Z AUTO REPAIR 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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

Please return 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) 245-6052.

Pamela Smith Regulatory Specialist 11

Letter Number: 212A00008045

Division of Comparations DO DOV 6207 Tollahoggan Florida 22214

A-To-Z Auto Repair 2116 West Gadsden St. Pensacola Florida 32505 850-470-0793 Monday, March 05, 2012

Subject: Release of name;

We of A-To-Z Auto Repair LLC have no intention of reinstating the name. Tharefore release the name for use to another enity.

Allen Weaver

A-To-Z Auto Repair

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

The name of the corp	NAME poration shall be: A-To-Z	Auto R	Repair IN	1C.
22 Pe	PRINCIPAL OFFICE Principal street address 116 West Gadsden St. ensacola Florida 505	2116 Pens 3250	Mailing address, if tiffic West gadsden St. acola Florida 5	
The purpose for white Engage	urrose ich the corporation is organized is: in any purpos uals may lawful	-	-	
The number of shares	s of stock is:Ten (10)			
	NITIAL OFFICERS ÀND/OR DIREC ::Allen R. Weaver :2116 West Gadsden St. :Pensacola :Florida 32505		le:President 2116 West Gad Pensacola Florida 32505	dsden St.
Name and Title Address:	Raymond F. Weaver 2116 West Gadsden St. Pensacola Florida 32505	Name and Tit Address:	le:Vice President 2116 West Gad Pensacola Florida 32505	
Name and Title Address:	::Tammy L. Smith 2116 west Gadsden St. Pensacola Elorida 32505	Name and Tit Address:	Secretary 2116 West gad Pensacola Florida	AR +
	EGISTERED AGENT			9 - 800 C
The <u>name and Florio</u> Name: Address:	da street address (P.O. Box NOT accepta Allen R. Weaver 21.16 west Gadsden St. Pensacola Florida 3250!		gent is:	CORPORATIONS B PM 12: 40
ARTICLE VII II	VCORPORATOR			0 5
	ess of the Incorporator is:			
Name: Address:	Allen R. Weaver 2116 West Gadsden St. Pensacola Florida 32509	5		
	as registered agent to accept service of p antiliar with and accept the appointment			
Allens	Required Signature/Registered Ages		_2-	21-2012
HILL I Submit this docum	Required Signature/Registered Ages UCOVE Pent and affirm that the facts stated here putnem of State constitutes a third degree	in are true. I am awa	ere that the false informa	Date tion submitted in a
Allens	· Weaver		22	2/- 2012 Date
Allen	Required Signature/Incorporator  R. Wezver			Date