

P12000029932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

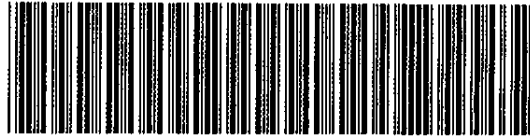
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Gas on Turner GAVE
AUTHORIZATION BY PHONE TO
CORRECT Article IV
DATE 3/28/12
DOC. # MRS

Office Use Only



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03/26/12--01014--004 **70.00

FILED
12 MAR 26 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
3/28/12

COVER LETTER

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

SUBJECT: Gulfside Repairs 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: JASON TURNER
Name (Printed or typed)
5334 Moeller Ave.
Address
SARASOTA FL. 34233
City, State & Zip
(941) 321-8733
Daytime Telephone number
redsox.baseball@yahoo.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: Gulfside Repairs Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
5334 Moeller Ave.
SARASOTA Florida
34233

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Automotive Repair

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JASON TURNER OWNER
Address: 5334 Moeller Ave.
SARASOTA FL. 34233

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: JASON TURNER
Address: 5334 Moeller Ave.
SARASOTA FL. 34233

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JASON TURNER
Address: 5334 Moeller Ave.
SARASOTA FL. 34233

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

JASON TURNER
Required Signature/Registered Agent

3-21-12

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.

JASON TURNER
Required Signature/Incorporator

3-21-12

Date

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TALLAHASSEE, FLORIDA