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**COVER LETTER**

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

**SUBJECT: CROSSROAD AUTOMOTIVE & SHEDS 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: GARY BOYLE  
Name (Printed or typed)

14 WEST HICKORY STREET  
Address

ARCADIA FLORIDA 34266  
City, State & Zip

863-651-5538  
Daytime Telephone number

gboyle0101@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** CROSSROAD AUTOMOTIVE & SHEDS INC.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address: 8 WEST HICKORY STREET  
ARCADIA, FLORIDA 34266  
Mailing address, if different is: 14 WEST HICKORY STREET  
ARCADIA, FLORIDA 34266

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
ANY AND ALL LAWFUL BUSINESS

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TALLAHASSEE, FLORIDA

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>GARY BOYLE OWNER</u>	Name and Title: <u>ANDREW BOYLE OWNER</u>
Address: <u>14 WEST HICKORY STREET</u>	Address: <u>21262 COACHMAN AVE</u>
<u>ARCADIA FLORIDA 34266</u>	<u>PT CHARLOTTE FLORIDA 33952</u>
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: GARY BOYLE  
Address: 14 W HICKORY ST  
ARCADIA FLORIDA 34266

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
Name: GARY BOYLE  
Address: 14 W HICKORY ST  
ARCADIA FLORIDA 34266

*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*

Gary Boyle  
Required Signature/Registered Agent

04/10/2012  
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.*

Gary Boyle  
Required Signature/Incorporator

04/10/2012  
Date