

P12.00000035653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP.

☐

WAIT

☐

MAIL

(Business Entity Name)

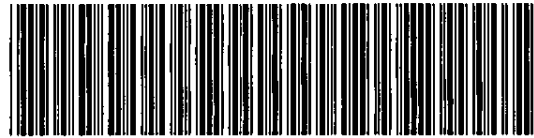
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COVER LETTER

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

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GARY BOYLE OWNER
Address: 14 WEST HICKORY STREET
ARCADIA FLORIDA 34266

Name and Title: ANDREW BOYLE OWNER
Address: 21262 COACHMAN AVE
PT CHARLOTTE FLORIDA 33952

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: 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

Garry 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.

Garry Boyle

Required Signature/Incorporator

04/10/2012

Date