

P/200043057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

(Business Entity Name)

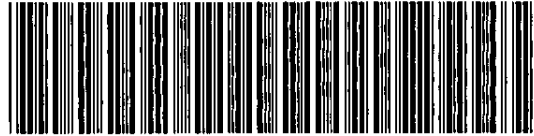
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY -7 PM 1:45

Ps office

COVER LETTER

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

SUBJECT: Savvy Auto, 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: Arkadiusz Bialobrzewski

Name (Printed or typed)

424 Wood Park Way, #200

Address

Longwood, Florida 32779

City, State & Zip

407-761-0166

Daytime Telephone number

arkadiuszfl@gmail.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: Savvy Auto, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
424 Wood Park Way, #200
Longwood, Florida 32779

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To successfully provide quality auto repair service with integrity and confidence, which will ensure client trust and continued business; in turn achieving consistent future growth and profitability for the corporation.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Arkadiusz Bialobrzewski-President</u>	Name and Title: _____
Address: <u>424 Wood Park Way, #200</u>	Address: _____
<u>Longwood, Florida 32779</u>	_____

Name and Title: <u>Jessica Bialobrzewski-Vice President</u>	Name and Title: _____
Address: <u>424 Wood Park Way, #200</u>	Address: _____
<u>Longwood, Florida 32779</u>	_____

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: Arkadiusz Bialobrzewski
Address: 424 Wood Park Way, #200
Longwood, Florida 32779

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Arkadiusz Bialobrzewski
Address: 424 Wood Park Way, #200
Longwood, Florida 32779

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



Required Signature/Registered Agent

05/03/2012

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.



Required Signature/Incorporator

05/03/2012

Date

FILED
STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 MAY - 7 PM 1:45