

MAY 23 2012 10:15 AM

CTIONS CAPITAL CONNECTION

NO. 0301

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
American Wholesale Auto Inc.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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Corporate Filing Menu

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 MAY 23 AM 11:18

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12 MAY 23 AM 11:36

DEPARTMENT OF REVENUE

COVER LETTER

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

SUBJECT: American Wholesale 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: Michael Varney

Name (Printed or typed)

2583 Pine St

Address

Naples, FL 34112

City, State & Zip

239-825-4414

Daytime Telephone number

1mvarney@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: American Wholesale Auto Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2583 Pine St

Naples, FL 34112

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Purchase & Sale of Automobiles

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Address:

Michael Varney V.P.
2583 Pine St Naples FL
34112

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:

Address:

Andrew K Scroggie

3570 Bayshore Dr

Naples, FL 34112

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Address:

Michael Varney

2583 Pine St

Naples, FL 34112

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

5-21-2012

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

5-21-2012

Date

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2012 MAY 23 AM 11:48
TALLAHASSEE, FLORIDA
SECRETARY OF STATE