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DIVISION OF CORPORATIONS
12 JUN 15 PM 2:32

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
12 JUN 15 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 5, 2012

HARVEY HALL
213C TRUMAN ST
FORT WALTON BEACH, FL 32547

SUBJECT: TIM ARMSTRONG MECHANICAL REPAIR SERVICE INC.
Ref. Number: W12000030697

We have received your document for TIM ARMSTRONG MECHANICAL REPAIR SERVICE INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith
Regulatory Specialist II

Letter Number: 912A00015914

COVER LETTER

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

SUBJECT: TIM ARMSTRONG MECHANICAL REPAIR SERVICE 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: HARVEY HALL
Name (Printed or typed)

213C TRUMAN STREET
Address

FORT WALTON BEACH, FLORIDA 32547
City, State & Zip

850 368 4201
Daytime Telephone number

HARVEYHALL@NETSCAPE.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:

TIM ARMSTRONG MECHANICAL REPAIR SERVICE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

**213C TRUMAN STREET
FORT WALTON BEACH
FLORIDA 32547**

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO REPAIR AUTOMOBILE AND OTHER EQUIPMENT

ARTICLE IV SHARES

The number of shares of stock is: 10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **RICHARD T ARMSTRONG**

Address: **P O BOX 5551**

DESTIN, FLORIDA 32540

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: **HARVEY HALL**

Address: **P O BOX 715 216 BIRCHVIEW DR
SHALIMAR, FL 32579 FCB, FL 32547**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **HARVEY HALL**

Address: **P O BOX 715
SHALIMAR, FL 32579**

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

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

Date

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