

P17000064563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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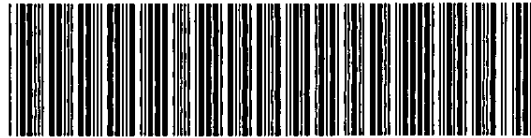
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: **PRO FAB PERFORMANCE PLUS 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: **MARK MICHLOVITZ**
Name (Printed or typed)

3009 OHARA DR
Address

NEW PORT RICHEY, FL 34655
City, State & Zip

352-400-9575
Daytime Telephone number

OUTLAWMARK@MSN.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

PRO FAB PERFORMANCE PLUS INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

3009 OHARA DR
NEW PORT RICHEY, FL 34655

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

AUTOMOTIVE ACCESSORIES SALES AND INSTALLATION

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DON LAMANA - PRESIDENT

Address: 7424 GULF WAY
HUDSON, FLORIDA 34667

Name and Title:

Address:

Name and Title: MARK MICHLOVITZ - VICE PRES

Address: 3009 OHARA DR
NEW PORT RICHEY, FL 34655

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: DON LAMANA
Address: 7424 GULF WAY
HUDSON, FL 34667

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARK MICHLOVITZ
Address: 3009 OHARA DR
NEW PORT RICHEY, FL 34655

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

12 JUL 20 AM 9:19
SECRETARY OF STATE
DIVISION OF CORPORATIONS