

P12000073774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

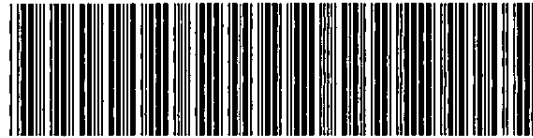
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12 AUG 28 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

J. Stivers AUG 29 2012  
612-40718  
159  
619



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 21, 2012

WARREN R GOBER  
1506 TENNESSEE AVE  
LYNN HAVEN, FL 32444

SUBJECT: SCOOTERS AGGRAVATED AUTO, INC.  
Ref. Number: W12000040318

We have received your document for SCOOTERS AGGRAVATED AUTO, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
New Filing Section

Letter Number: 312A00020071



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 1, 2012

WARREN R GOBER  
1506 TENNESSEE AVE  
LYNN HAVEN, FL 32444

SUBJECT: SCOOTERS AGGRAVATED AUTO, INC.  
Ref. Number: W12000040318

We have received your document for SCOOTERS AGGRAVATED AUTO, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
New Filing Section

Letter Number: 312A00020071

## COVER LETTER

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

SUBJECT: Scooters Aggravated 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: Warren R. Gober  
Name (Printed or typed)

1506 Tennessee ave  
Address

Lynn Haven FL 32444  
City, State & Zip

850 260 4634  
Daytime Telephone number

\_\_\_\_\_  
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

Name of the corporation shall be: Scooter's Aggravated Auto Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1506 Tennessee ave  
Lynn Haven Fl 32444

Mailing address, if different is:

same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Automotive repair

ARTICLE IV SHARES

The number of shares of stock is:

10,000,000 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Warren R. Gober owner Name and Title: \_\_\_\_\_

Address: 1506 Tennessee ave Address: \_\_\_\_\_  
Lynn Haven Fl 32444

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

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: 1506 Tennessee ave  
Address: Lynn Haven Fl 32444  
Warren R. Gober

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Warren R. Gober  
Address: 1506 Tennessee ave  
Lynn Haven Fl 32444

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

Warren R. Gober

Required Signature/Registered Agent

7/29/12

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.

Warren R. Gober

Required Signature/Incorporator

8/27/12

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 AUG 28 AM 10:06

FILED