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(Requestor's Name)				
(Address)				
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(Gity/Gtate/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Outflower of Older				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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SECRETARY OF STATE
ALLAHASSEE FROMING

MP), dra

COVER LETTER

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

27

SUBJECT: Quality Auto Body inc.		
(PROPOSED CORPORA) Enclosed are an original and one (1) copy of the artic		
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
FROM: Ross Ciechowski Name	(Printed or typed)	
8189 124th terrace n.	Address	
Largo Fl. 33773	State & Zip	
727-871-1193 Daytime Te	elephone number	· · · · · · · · · · · · · · · · · · ·
rcboatski@tampabay.rr.c E-mail address: (to be used	OM 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 The name of the co	NAME Quality Auto Body in Orporation shall be:	nc.	
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	1	Mailing address, if different is:
•	11733 66th street n. unit 110		
1	argo Fl 33773		
	· · · · · · · · · · · · · · · · · · ·		
ARTICLE III			
	which the corporation is organized is:		EN PO
Auto repair			FG St
			F. 3
ARTICLE IV	CHADEC		7.0
The number of sha			Sid in
THE HUMBEL OF SHA	ues of slock is.	•	至
ARTICLE V	INITIAL OFFICERS AND/OR DIREC	TORS	y
	itle:Ross Ciechowski / Owner		
Address:	8189 124th terr. n.	Address:	
	Largo Fl. 33773		
	itle:		
Address:		Address:	
		 .	
			
Name and T	itle	Name and Title:	
Name and Title:Address:		Address:	
		riddicss.	
		•	.
			The state of the s
	REGISTERED AGENT		. •
	orida street address (P.O. Box NOT acceptab		tt is:
Name:	Ross Ciechowski		
Address:	8189 124th terr. n.	 	
	Largo Fl. 33773		
ARTICLE VII	INCORPORATOR		
	dress of the Incorporator is:		
Name:	Ross Ciechowski		
Address:	8189 124th terr, n	····	
	Largo Fl. 33773		
	•		
Having been nam	ed as registered agent to accept service of pr	rocess for the above stat	ted corporation at the place designated in
this certificate, I ar	m familiar with and accept the appointment a	s registered agent and a	gree to act in this capacity
/1/	//-///·		
Mu C	UNU		9/14/12
	Required Signature/Registered Agent		Date
Submit this door	ment and affirm that the facts stated herein	s are true I am manes	that the false information achieved in a
document to the D	ment and ajjirm that the jacis stated hereit gyartment of State constitutes a third degree j	i we uue. I um aware falans as provided for in	inu ine juise injormation Submitted in a
manikini w pile D	y an inscriptoj siane consumites a inira degree j	ciony as proviaca jor in	5.01/.133, F.G.
11/. 11.	W.E.		044445
UM M	MAC Boomed Single		9/14/12
-	Required Signature/Incorporator		Date