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12 SEP 26 PM 12:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRD  
9/27/12

## COVER LETTER

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

SUBJECT: auctionsandliquidators.com, 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: W. Rodgers Moore, P.A.

Name (Printed or typed)

1900 Glades Rd., Suite 401

Address

Boca Raton, FL 33431

City, State & Zip

561-394-7944

Daytime Telephone number

wrmoorelaw@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)

**FILED**

**ARTICLE I NAME**  
The name of the corporation shall be: auctionsandliquidators.com, Inc.

12 SEP 26 PM 12: 22

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
8297 Championsgate Blvd., #309  
Championsgate, FL 33896

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Mailing address, if different: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
To engage in any activity or business permitted under the laws of the United States and State of Florida

**ARTICLE IV SHARES**  
The number of shares of stock is: 10,000 shares \$.001 par value

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
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: W. Rodgers Moore, P.A.  
Address: 1900 Glades Rd., Suite 401  
Boca Raton, FL 33431

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: W. Rodgers Moore, P.A.  
Address: 1900 Glades Rd., Suite 401  
Boca Raton, FL 33431

*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*

W. Rodgers Moore, P.A.  
by [Signature], President  
Required Signature/Registered Agent

9/24/2012  
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.*

W. Rodgers Moore, P.A.  
by [Signature], President  
Required Signature/Incorporator

9/24/2012  
Date