

P12000/02434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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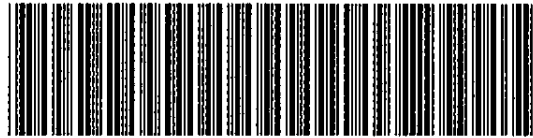
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 DEC 17 AM 11:32

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MRS  
12/18

## COVER LETTER

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

**SUBJECT: Bobby D's Automotive, 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: Lisa Michelle Dodrill**

Name (Printed or typed)

**865 Pine Island Road**

Address

**Merritt Island, Florida 32953**

City, State & Zip

**321-305-6567**

Daytime Telephone number

**bobbydsautomotive@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)

**ARTICLE I NAME**

The name of the corporation shall be: **Bobby D's Automotive, Inc**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
200 St. Johns Street, D and E  
Cocoa, Florida ~~32926~~ 32922

Mailing address, if different is:  
865 Pine Island Road  
Merritt Island, Florida 32953

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to conduct for profit automobile repairs and all other legitimate business.

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

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

Name and Title: Lisa Michelle Dodrill, President  
Address: 865 Pine Island Road  
Merritt Island, Florida ~~32953~~ 32953

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

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
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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: Lisa Michelle Dodrill  
Address: 865 Pine Island Road  
Merritt Island, Florida 32953

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Lisa Michelle Dodrill  
Address: 865 Pine Island Road  
Merritt Island, Florida 32953

*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*

Lisa M Dodrill  
Required Signature/Registered Agent

12/11/2012  
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.*

Lisa M Dodrill  
Required Signature/Incorporator

12/11/2012  
Date

**FILED**  
**12 DEC 17 AM 11:32**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**