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(City/State/Zip/Phone #)

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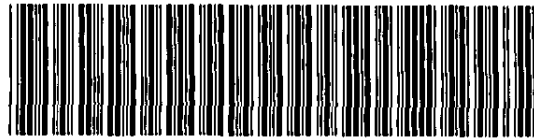
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: WALLACE AUTO SALES, 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: Jimmy L. WALLACE
Name (Printed or typed)

P.O. Box 1832
Address

Tallahassee, Florida 32302
City, State & Zip

850-597-3716
Daytime Telephone number

OnyxAutoSales@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: WALLACE AUTO SALES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
JIMMY L. WALLACE
331 ROCKINGHORSE LANE
TALLAHASSEE, FL. 32308
32308

Mailing address, if different is:

P.O. Box 1832
TALLAHASSEE, FL. 32302

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JIMMY L. WALLACE / Pres.
Address: 331 ROCKINGHORSE LANE
TALLAHASSEE, FL. 32308

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: JIMMY L. WALLACE
Address: 331 ROCKINGHORSE LANE
TALLAHASSEE, FL. 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JIMMY L. WALLACE
Address: 3927 CRAWFORDVILLE ROAD # B48
TALLAHASSEE, FL. 32305

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

Jimmy L. Wallace
Required Signature/Registered Agent

01-04-2013
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.

Jimmy L. Wallace
Required Signature/Incorporator

01-04-2013
Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA