

P13000009143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500243876695

01/25/13--01032--021 **78.75

FILED
13 JAN 25 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓ 01/28/13

COVER LETTER

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

SUBJECT: JUNKYARD PARTS of TAMPA, 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: ELIAS MORRIS
Name (Printed or typed)

X 6550 INDUSTRIAL AVE.
Address

PORT RICHEY, FL 34668
City, State & Zip

X 727-773-6790
Daytime Telephone number

X emorris36@TampaBay.RR.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: JUNKYARD PARTS OF TAMPA INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

X 6550 INDUSTRIAL AVE.
PORT RICHEY, FL 34668.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A PROFESSIONAL CORPORATION

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ELIAS MORRIS Pres. Name and Title: ELIAS MORRIS V.P.

Address: X 6550 INDUSTRIAL AVE. Address: X
PORT RICHEY, FL SADE
34668

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
13 JAN 29 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(conti.)

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: ELIAS MORRIS
Address: X 6550 INDUSTRIAL AVE.
PORT RICHEY, FL 34668

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ELIAS MORRIS
Address: X 6550 INDUSTRIAL AVE.
PORT RICHEY, FL 34668

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

X [Signature]
Required Signature/Registered Agent

X 1-23-13
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.

X [Signature]
Required Signature/Incorporator

X 1-23-13
Date

FILED
13 JAN 25 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA