

P13000010207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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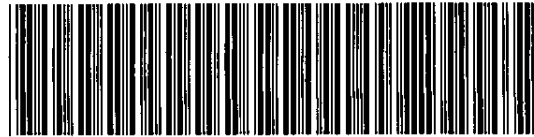
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

02/01/13

COVER LETTER

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

SUBJECT: **DIY Trailer Parts 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: **Angelique Millender**

Name (Printed or typed)

P O Box 820

Address

Crawfordville FL 32326

City, State & Zip

Daytime Telephone number

millendertax@aol.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: DIY Trailer Parts Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

3301 West Navy Blvd

Pensacola FL 32505

Mailing address, if different is:

32 Janet Drive

Crawfordville FL 32327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To operate in the State of Florida

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Molly Jones President

Name and Title: _____

Address 32 Janet Drive

Address: _____

Crawfordville FL 32327

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE FLORIDA

(cont.)

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: Angelique Millender
Address: 4432 Crawfordville Highway
Crawfordville FL 32327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Angelique Millender
Address: 4432 Crawfordville Highway
Crawfordville FL 32327

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TALLAHASSEE FLORIDA

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 fulfilling with and accept the appointment as registered agent and agree to act in this capacity

Angelique Millender
Required Signature/Registered Agent

2/11/2013
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.

Angelique Miller
Required Signature/Incorporator

2/11/2013
Date