## P13000015153

(Requestor's Name)		
(Ad	dress)	
(Address)		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	,
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
14/13-1	1496	

Office Use Only



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FILED

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SEGNETARY OF STATE

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14

## **COVER LETTER**

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

SUBJECT:	Justion AS	ssests 1	WC			
SUBJECT: Auction ASSESTS INC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)						
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	i a check for:			
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status			
FROM: BRYAN KAP/AN Name (Printed or typed) 20871 Johnson street unit 108 Address						
Address  Pe_bnoke Pines F/ 33029  City, State & Zip  954-362-7990						
	DK6789(2)	Celephone number	notification)			

NOTE: Please provide the original and one copy of the articles.



January 23, 2013

BRYAN KAPLAN 20871 JOHONSON STREET, UNIT 108 PEMBROKE PINES, FL 33029

SUBJECT: AUCTION ASSESTS INC

Ref. Number: W13000004496

We have received your document for AUCTION ASSESTS INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 513A00001738

**ARTICLES OF INCORPORATION**In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NA	Tation shall be: AUC	tion As	sests 2	WC
	INCIPAL OFFICE Principal street address			s, if different is:
21021 5	ANSON STREE Pines Fl	+		
Pe-broke	P. NEE FI			4
The purpose for which	RPOSE the corporation is organized in	is: To sell	mencliar	vd.'se
				•
M	<del> </del>			<u> </u>
	<del></del>			<u></u>
		•		3 <b>№</b>
ARTICLE IV SH The number of shares of	IARES of stock is: ///			373-115 10700-1
ARTICLE V IN	ITIAL OFFICERS AND/O	R DIRECTORS		, 10
Name and Tit	ile: BRYAN KAPI	Name a	nd Title:	
Address	PResident	Address	S: <u></u>	
	2047/ JOHNSON	street.		
	Pe-bnoke Pine	1 Fl 3302	9	
	UN: + 108			
	e:			
Address		Address	<u> </u>	•
			<del></del>	
		<del> </del>	<u></u>	
Name and Titl	e:	Name a	nd Title:	
Address		Address	3:	
			· · · · · · · · · · · · · · · · · · ·	

Name and Title:	Name and Title	13 FEB 13 MM 3: 32
Address	A dalmana.	13 FEB 13 M 2 2
Address	Address:	SECRETAGE
,		TALLAHASSEE FTALE
		Contract LONG
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box NOT acce	ptable) of the registered ag	ent is:
Name: BRYAN KAPLAN		
Address: 2087/ JOHNSON Sti	ret	
Name: BRYAN KAPIAN  Address: 2087/ JOHNSON Str  Pe-bnoke Pines P	1/ 33029	
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:		
Name: Brynn Kaplon		
Address: 19825 NW 105t	pe-bnoke	
Name: Brynn Kaplon Address: 19825 NW 1057 Pint) F/ 330	129	
Having been named as registered agent to accept service of this certificate, I am familiar with and accept the appointm		
Required Signature/Registered A	gent	Date
I submit this document and affirm that the facts stated he document to the Department of State constitutes a third deg		
Required Signature Incorporat	or	Date