

P130000019818

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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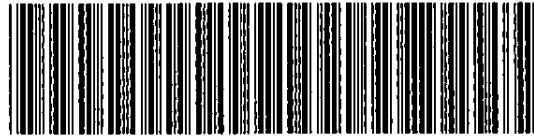
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

1/11

COVER LETTER

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

SUBJECT: TALLAHASSEE AUTO MARKET, 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: UDUAKOBONY S. UDOFIAH
Name (Printed or typed)

10365 CRYSTALLINE CT.
Address

TALLAHASSEE, FL 32305
City, State & Zip

(850) 322-1817
Daytime Telephone number

TALLAHASSEEAUTOMARKET@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: TALLAHASSEE AUTO MARKET, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3121 WOODHILL DR
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ① TO ENGAGE IN ANY AND ALL BUSINESS. ② IN ADDITION, THIS CORPORATION MAY ENGAGE IN THE TRANSACTION OF ANY OR ALL LAWFUL BUSINESS FOR WHICH CORPORATIONS MAY BE INCORPORATED PURSUANT TO CHAPTER 607, F.S.A.

ARTICLE IV SHARES

The number of shares of stock is: 4

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ELIZABETH S. UDDEIAH - OWNER - PRESIDENT Name and Title: _____

Address: 3121 WOODHILL DR
TALLAHASSEE, FL
32303

Address: _____

Name and Title: SUNDAY P. UDDEIAH - PRESIDENT Name and Title: _____

Address: 3121 WOODHILL DR
TALLAHASSEE, FLORIDA

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

13 MAR - 1 PM 4: 10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(conti.)

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Name and Title: _____ Name and Title: _____
Address _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: UDUAKOBONY, S. UDOFIAH
Address: 10365 CRYSTALLINE CT
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: UDUAKOBONY, S. UDOFIAH
Address: 10365 CRYSTALLINE CT
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 familiar with and accept the appointment as registered agent and agree to act in this capacity

U.S. Udg
Required Signature/Registered Agent

3/1/13
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.

U.S. Udg
Required Signature/Incorporator

3/1/13
Date