

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

59622.

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

east coast repair, inc.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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Corporate Filing Menu

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

H13000049920

ARTICLE I NAME

The name of the corporation shall be: EAST COAST REPAIR, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

37 BUTTERMILL DR.

PALM COAST, FL 32137

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AN ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1,000 @ \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

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H13000049920 (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: SABID AGAREVIC
Address: 37 BUTTERMILL DR.
PALM COAST, FL 32137

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SABID AGAREVIC
Address: 37 BUTTERMILL DR.
PALM COAST, FL 32137

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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

Sabid Agarevic
Required Signature/Registered Agent

3/4/2013
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.

Sabid Agarevic
Required Signature/Incorporator

3/4/2013
Date

H13000049920