

P13000029884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

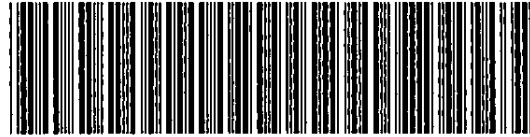
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600246251416

04/01/13--01008--026 **87.50

FILED
13 APR -1 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FL

T. Burch APR 4 2013

psd

COVER LETTER

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

SUBJECT: FishHawk Repair All, Incorporated

(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: William L. Howard

Name (Printed or typed)

P O Box 299

Address

Lithia, FL 33547

City, State & Zip

727-480-1940

Daytime Telephone number

kathyh1028@hotmail.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:

FishHawk Repair All, Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address

16409 Bridgelawn Avenue

Lithia, FL 33547

Mailing address, if different is:

P O Box 299

Lithia, FL 33547

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Thomas D. Timm, Officer

Address: 16310 Dunlindale Drive
Lithia, FL 33547

Name and Title: William L. Howard, Officer

Address: 16409 Bridgelawn Avenue
Lithia, FL 33547

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
13 APR -1 PM 4:15
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: Julie Young

Address: 15703 Ibisridge Drive

Lithia, FL 33547

ARTICLE VII INCORPORATOR

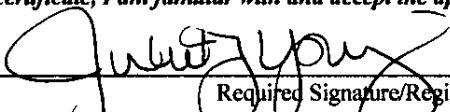
The name and address of the Incorporator is:

Name: Kathleen A. Howard

Address: 16409 Bridgelawn Avenue

Lithia, FL 33547

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


Required Signature/Registered Agent

3/28/2013

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.


Required Signature/Incorporator

3/28/2013

Date

FILED
13 APR - 1 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FL