## P13000043827

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nam	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
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13 MAY 17 PM 12: 05
SECREFARY OF STATE
AND SAFE FLORID

MAY 17 2013 M. SOLOMON

## **COVER LETTER**

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 13 MAY 17 PH 12: 05
SECRETARY OF STATE
AND ASSEE, FLORIDA

SUBJECT: MOKKA AUTO SALES, INC.,
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the arti	icles of incorporation and a check for:			
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75  Filing Fee & Certified Copy Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED			
FROM: Archie R. Scott	e (Printed or typed)			
8299 Cofield Lane	Address			
Spring Hill, Florida 34608 City, State & Zip				
1-686-0706 Daytime T	elephone number			
scota101@yahoo.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 The name of the co	NAME MOKKA AUTO SALES, reporation shall be:	, INC.,		
ARTICLE II	PRINCIPAL OFFICE			
	Principal street address		Mailing add	ress, if different is:
	299 Cofield Lane			
S	pring Hill, Florida 34608			
A DOMEST DE TEXT	DETER DOOR			
The purpose for w	hich the corporation is organized is:			
	Motor Vehicle Dealer			<b>₽</b> g <b>3</b> .
independent	Wictor Verlicie Dealer			TAH ₹ TI
				TO TO
				IAR ASS
				[7]
	SHARES 100			E PHIZ:
The number of shar	es of stock is:100			95
ADMICT IF IT	INTERIOR AND DEPOS	20		HIZ: 05 OF STATE
Name and Ti	INITIAL OFFICERS AND/OR DIRECTOR	Nome	and Title	A
Address:	tle:Archie R. Scott 8299 Cofield Lane	_ Name	eand inte	
71441000.	Spring Hill, Florida 34608			
	<u> </u>	<del> +-</del>		
		_		
Name and Tit	tle:	_ Name	and Title:	
Address:		_ Addre	ess:	
			<del></del>	<del> </del>
		_	<u></u>	· /**
Name and Tit	tle:	Name	and Title:	
Address:		Addre	ess:	
	4000			
ARTICLE VI	REGISTERED AGENT			
	ida street address (P.O. Box NOT acceptable) o	f the regio	stered agent is:	
Name:	Archie R. Scott	_	surva agon is.	
Address:	8299 Cofield Lane	_		
	Spring Hill, Florida 34608			
45.510	, , ,	_ <del>_</del>		
	INCORPORATOR			
Name:	ress of the Incorporator is:			
Address:	Archie R. Scott 8299 Cofield Lane	_		
rudioss.	Spring Hill, Florida 34608	_		
Having been name this certificate, I am	d as registered agent to accept service of proces of familiar with and accept the appointment as reg	s for the distered as	above stated corpora gent and agree to act i	tion at the place designated in this capacity  May 10 15 Jul 3
	Required Signature/Registered Agent		<del></del>	Date
				OBate
I submit this docum	nent and affirm that the facts stated herein are	true. I d	am aware that the fal	se information submitted in a
document to the De	partment of State constitutes a third degree felon	y as prov	ided for in s.817.155,	May 101 2013
	Required Signature/Incorporator			Date

III



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 26, 2013

ARCHIE R. SCOTT 8299 COFIELD LANE SPRING HILL, FL 34608

SUBJECT: MOKKA AUTO SALES, INC.

Ref. Number: W13000024591

We have received your document for MOKKA AUTO SALES, INC. and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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

Mel Solomon Regulatory Specialist II Supervisor

Letter Number: 313A00010123

www.sunbiz.org