

P13000052017

(Requestor's Name)

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(City/State/Zip/Phone #)

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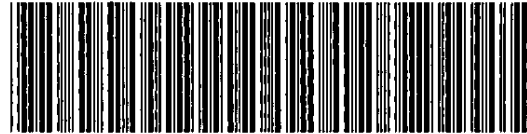
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: **S&K AUTOMOBILE ASSOCIATES, 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 ☐ \$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: **GARY S. ROTHMAN, INCORPORATOR**
Name (Printed or typed)

6201 GRAYLING DRIVE
Address

JACKSONVILLE, FL 32256
City, State & Zip

904-565-1588
Daytime Telephone number

IRAGNAMTHO@AOL.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. (Provision)

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JAN 11 10

ARTICLE I NAME

The name of the corporation shall be:

S&K AUTOMOBILE ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3825 TARA HALL DRIVE

JACKSONVILLE, FL 32256

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO OWN, BUY, SELL, TRADE, GIFT, HOLD
OR OTHERWISE ACQUIRE AND DISPOSE OF VEHICLES
AND ANY OTHER PURPOSE FOR WHICH CORPORATIONS
ARE ALLOWED TO BE FORMED AND FUNCTION
UNDER THE LAWS OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: STEPHEN R. SLEVIN, PRESIDENT/DIRECTOR

Name and Title: KIM A. TRAVERS, TREASURER/DIRECTOR

Address: 3825 TARA HALL DRIVE

Address: 3825 TARA HALL DRIVE

JACKSONVILLE, FL

JACKSONVILLE, FL

32256

32256

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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DIVISION OF CORPORATIONS

13 JUN 14 PM 1:10

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: GARY S. ROTHMAN
Address: 6201 GRAYLING DRIVE
JACKSONVILLE, FL 32256

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GARY S. ROTHMAN
Address: 6201 GRAYLING DRIVE
JACKSONVILLE, FL 32256

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

JUNE 10, 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

JUNE 10, 2013

Date