

P13000065419

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13 AUG -6 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1/4

JULY 31, 2013

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

RE: **DEVIL DOG MOTORCYCLE REPAIRS, INC.**

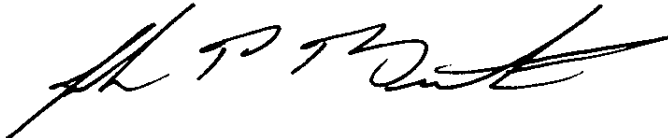
GENTLEMEN:

ENCLOSED HEREWITH ARE THE ARTICLES OF INCORPORATION TOGETHER WITH  
A COPY OF SAID ARTICLES FOR **DEVIL DOG MOTORCYCLE REPAIRS, INC.**

OUR CHECK IN THE AMOUNT OF \$70.00 INCLUDES THE FOLLOWING:

FILING FEE	
CHARTER TAX	
REGISTERED AGENT	TOTAL: \$ 70.00

RESPECTFULLY SUBMITTED,



SIGNER'S NAME:	JOHN P. BERTHELON
ADDRESS:	8202 NW 100 WAY TAMARAC, FL 33321

DAYTIME PHONE:	954-270-2754
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13 AUG -6 PM 1:09

**ARTICLES OF INCORPORATION** SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**OF**

**DEVIL DOG MOTORCYCLE REPAIRS, INC.**

**ARTICLE I NAME**

The name of the corporation shall be **DEVIL DOG MOTORCYCLE REPAIRS, INC.**

**ARTICLE II PURPOSE**

The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

**ARTICLE III CAPITAL STOCK**

The maximum number of shares of capital stock that this corporation is authorized to have outstanding at any one time is TEN THOUSAND (10,000) shares of common stock, having a par value of ONE (\$1.00) DOLLAR PER SHARE.

The amount of capital with which this corporation will begin business shall be the sum of not less than FIVE HUNDRED (\$500.00) DOLLARS.

**ARTICLE IV DURATION**

This corporation shall exist perpetually unless sooner dissolved according to law.

**ARTICLE V    INITIAL REGISTERED AGENT**

The name and address of the initial registered agent is:

JOHN P. BERTHELON  
8202 NW 100 WAY  
TAMARAC, FL 33321

**ARTICLE VI    INCORPORATOR**

The name and street address of the incorporator to these Articles of Incorporation is:

JOHN P. BERTHELON  
8202 NW 100 WAY  
TAMARAC, FL 33321

**ARTICLE VII    PRINCIPAL OFFICE**

The initial street address of the principal office of the corporation shall be:

8202 NW 100 WAY  
TAMARAC, FL 33321

**ARTICLE VIII    DIRECTORS**

The number of Directors of this corporation shall be at least one (1) and no more than ten (10).

The name and street address of the member of the first Board of Directors of this Corporation is as follows:

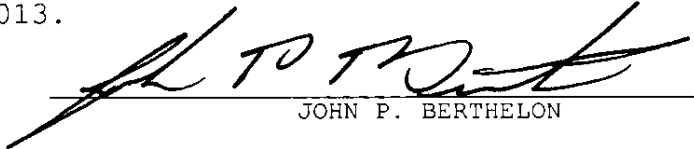
JOHN P. BERTHELON  
8202 NW 100 WAY  
TAMARAC, FL 33321

ARTICLE IX SUBSCRIBER

The name and address of the person signing these Articles of Incorporation as subscriber is as follows:

JOHN P. BERTHELON  
8202 NW 100 WAY  
TAMARAC, FL 33321

IN WITNESS WHEREOF, the undersigned, JOHN P. BERTHELON, competent to contract, has hereunto set his hand and seal this 31 day of July, 2013.


  
JOHN P. BERTHELON

STATE OF FLORIDA  
COUNTY OF BROWARD

BEFORE ME, the undersigned Notary Public of the State of Florida, personally appeared JOHN P. BERTHELON, known to me to be the individual described in and who executed the foregoing Articles of Incorporation, who acknowledged before me that he executed the same freely and voluntarily for the purpose therein expressed.

(Check ☒ He is personally known to me  
One) ☐ He provided the following type of identification:

WITNESS my hand and official seal this 31 day of JULY, 2013.

  
Notary Public, State of Florida  
My commission expires: 4/17/17

Notary Seal:



**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE  
SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS  
MAY BE SERVED**

IN COMPLIANCE WITH SECTION 607.325, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED:

FIRST THAT **DEVIL DOG MOTORCYCLE REPAIRS, INC.**  
WITH ITS PLACE OF BUSINESS AT **8202 NW 100 WAY**  
**TAMARAC, FL 33321**

HAS NAMED **JOHN P. BERTHELON**

LOCATED AT **8202 NW 100 WAY**  
**TAMARAC, FL 33321**

AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE

(Corporate Officer)

TITLE

PRESIDENT

DATE

31 July 2013

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED  
CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE  
TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE  
PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE  
PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF  
SECTION 607.325 FLORIDA STATUTES.

SIGNATURE

(Registered Agent)

DATE

31 July 2013

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA