

P13000089381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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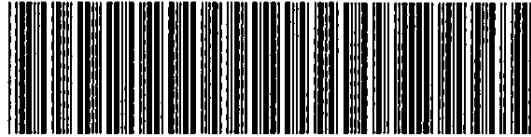
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 OCT 28 PM 3:23

10/31/13

COVER LETTER

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

SUBJECT: CUTLER TRUCK REPAIR, 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: JAMES R ROGERS
Name (Printed or typed)
580 NW 20 ST
Address
HOMESTEAD, FL 33030
City, State & Zip
305-322-5532
Daytime Telephone number
JCHEVY0619@YAHOO.COM
E-mail address: (to be used for future annual report notification)

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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:

CUTLER TRUCK REPAIR, INC

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ARTICLE II PRINCIPAL OFFICE

Principal street address

13 OCT 28 PM 3: 23

Mailing address, if different is:

580 NW 20 ST

HOMESTEAD, FL

33030

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO REPAIR AND MAINTANCES OF TRUCKS

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAMES ROGERS, PRESIDENT

Name and Title: _____

Address 580 NW 20 ST

Address: _____

HOMESTEAD, FL

33030

Name and Title: JAMES ROGERS, SECATARY

Name and Title: _____

Address 580 NW 20 ST

Address: _____

HOMESTEAD, FL

33030

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(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: JAMES ROGERS
Address: 580 NW 20 ST
HOMESTEAD, FL 33030

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JAMES ROGERS
Address: 580 NW 20 ST
HOMESTEAD, FL 33030

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

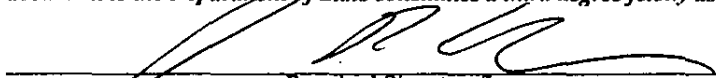


Required Signature/Registered Agent

10/23/2013

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

10/23/2013

Date

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