

P13000096363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

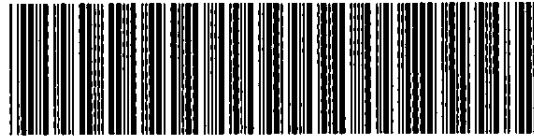
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

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

SUBJECT: Auto South of Jax, 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 Filing Fee  
☐ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: Marshall L Sanders  
Name (Printed or typed)  
1763 Pronghorn CT  
Address  
JACKSONVILLE FL 32225  
City, State & Zip  
904-651-4799  
Daytime Telephone number  
mark.sand2200@yahoo.com  
E-mail address: (to be used for future annual report notification)

**NOTE:** Please provide the original and one copy of the articles.

I Have no intention of  
Reinstating Auto South of  
Jax Inc. Doc # P12000044696  
And I release the name.



12/03/13

Marshall Sanders

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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: Auto South of Jax Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1763 Pronghorn CT  
Jacksonville FL 32225

Mailing address, if different is:

SECRET  
FALL 1993  
OFFICE  
FALL 1993

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Auto Transporting  
and Towing

**ARTICLE IV SHARES**

The number of shares of stock is: 1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Marshall Sarker Name and Title: Pres

Address: 1763 Pronghorn Ct Address: \_\_\_\_\_  
Jacksonville FL 32225

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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:

Marshall Sanders

Address:

1763 Pronghorn CT  
Jacksonville FL  
32225

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Marshall Sanders

Address:

1763 Pronghorn CT  
Jacksonville FL 32225

*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

12-03-13  
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

\_\_\_\_\_  
Date