

P13000096363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

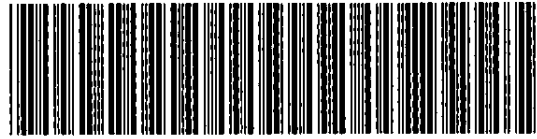
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/03/13--01003--023 **70.00

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OPERATIONS SECTION
DIVISION OF REVENUES
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APPROVED
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2013 DEC -3 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UMD 12/3

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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$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

marksand220@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
Restarting Auto South of
Jax Inc. Doc # P12000044696
And I release the name.



12/03/13

Marshall Sanders

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TELETYPE UNIT
STATE
FLORIDA

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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

Mailing address, if different is:

1763 Pronghorn Ct
Jacksonville Fl 32225

SECRET
FILING OFFICE
JACKSONVILLE FLORIDA

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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 Sanders 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: _____

(cont.)

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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 TALLAHASSEE FLORIDA

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