

P13000102091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

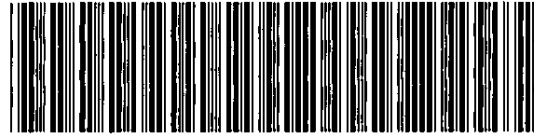
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____ ✓

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12/31/13 10:45 AM
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2013 DEC 30 PM 2:05

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 DEC 30 PM 1:41

COVER LETTER

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

SUBJECT: **Big Bend Gasket, 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: **David Grabow**

Name (Printed or typed)

1400 Village Square Blvd. Ste 3-327

Address

Tallahassee, FL 32312

City, State & Zip

850-294-3647

Daytime Telephone number

grabowdave@gmail.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. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Big Bend Gasket, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1400 Village Square Blvd. Ste 3-327
Tallahassee, FL 32312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Providing repair services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David Grabow, President

Name and Title: Sandra Grabow, VP

Address 1400 Village Square Blvd. Ste 3-327
Tallahassee, FL 32311

Address: 1400 Village Square Blvd. Ste 3-327
Tallahassee, FL 32312

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:

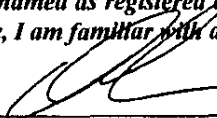
Name: David Grabow
Address: 1400 Village Square Blvd. Ste 3-327
Tallahassee, FL 32312

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: David Grabow
Address: 1400 Village Square Blvd. Ste 3-327
Tallahassee, FL 32312

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

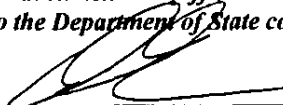


Required Signature/Registered Agent

12-30-13

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

12-30-13

Date