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U.S. DEPARTMENT OF JUSTICE

STATE
FLORIDA

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COVER LETTER

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

SUBJECT: 1 Motors Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status

ADDITIONAL COPY REQUIRED

FROM: Ehab Beshwy
Name (Printed or typed)

1529 S Adams ST
Address

Tallahassee, FL 32301

(850) 567-3211
Daytime Telephone number

ehab.pob@hotmail.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: IMOTORS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1529 S Adam ST
Tallahassee, FL 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Auto sales & Repair

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ehab Beshay President Name and Title: _____

Address: 3613 Woodville Hwy Address: _____
Tallahassee FL 32305

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE
FLORIDA

(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: Ehab Beshay
Address: 3613 Woodrille Hwy
Tallahassee, FL 32305

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ehab Beshay
Address: 3613 Woodrille Hwy
Tallahassee, FL 32305

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

1/9/2014
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

1/9/2014
Date