

P 14000002564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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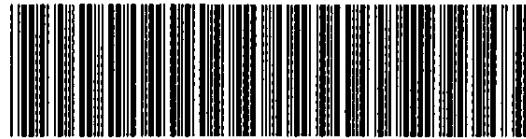
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2014 JAN -6 PM 3:51

14

COVER LETTER

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

SUBJECT: **ER Automotive, 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: **Edward G. Robinson**

Name (Printed or typed)

2618 Auburn Blvd

Address

Port Charlotte, FL 33948

City, State & Zip

941-456-5134

Daytime Telephone number

Malibu81406@yahoo.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. (Pro Forma)
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: ER Automotive, Inc.

2014 JAN -6 PM 3:51

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1212 Enterprise Drive B6-U6
Port Charlotte, FL 33953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide quality automotive care
service. The business is incorporating to provide limited
liability protection, and tax benefits to the owners.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Edward G. Robinson

Name and Title: Charles Cash

Address: 2618 Auburn Blvd

Address: 24614 Nova Lane

Port Charlotte, FL 33948

Port Charlotte, FL 33980

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

(conti.)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Name and Title: _____ Name and Title: 2014 JAN -6 PM 3:51
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

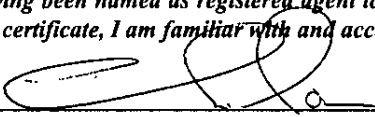
Name: Charles Cash
Address: 24614 Nova Lane
Port Charlotte, FL 33980

ARTICLE VII INCORPORATOR

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

Name: Edward G. Robinson
Address: 2618 Auburn Blvd
Port Charlotte, FL 33948

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

1/2/2014

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

1-2-14

Date