

P/K/UUUU6287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

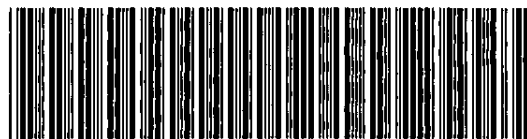
(Business Entity Name)

(Document Number)

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

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01/15/14--01005--023 \*\*78.75

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JAN 15 AM 10:29

1-7314

## COVER LETTER

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

SUBJECT: Wild Cat Auto, 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: Jacob Morgan Stamper  
Name (Printed or typed)

2539 SE 25th Ave  
Address

Cape Coral, FL 33904  
City, State & Zip

502-419-9042  
Daytime Telephone number

Jacob.m.Stamper@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)

FLORIDA  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JAN 15 AM 10:29

**ARTICLE I NAME**

The name of the corporation shall be: WildCat Auto, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2539 SE 25th Ave

Cape Coral, FL 33904

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide automotive services

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Jacob Morgan Stamper Name and Title: President

Address 2539 SE 25th Ave Address: \_\_\_\_\_  
Cape Coral, FL \_\_\_\_\_  
33904 \_\_\_\_\_

Name and Title: Joseph Clayton Stamper Name and Title: Vice President

Address 2539 SE 25th Ave Address: \_\_\_\_\_  
Cape Coral, FL \_\_\_\_\_  
33904 \_\_\_\_\_

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:

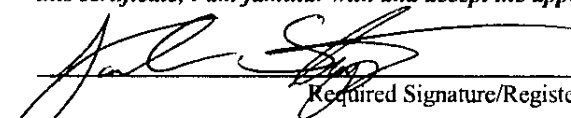
Name: Jacob Morgan Stamper  
Address: 2539 SE 25<sup>th</sup> Ave  
Cape Coral, FL

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

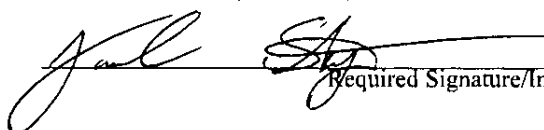
Name: Jacob Morgan Stamper  
Address: 2539 SE 25<sup>th</sup> Ave  
Cape Coral, FL 33909

*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

1-11-14  
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

1-11-14  
Date