



**COVER LETTER**

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

**SUBJECT:** Ag Aces Mobile Repair Services, 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:** Heather L. Johnson

Name (Printed or typed)

140 SW Quincy Terrace

Address

Lake City, Florida 32024

City, State & Zip

(386) 438-5431

Daytime Telephone number

agacesmobilerepairservice@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. (Profit)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2014 FEB -5 AM 11:49

**ARTICLE I NAME**

The name of the corporation shall be: Ag Aces Mobile Repair Service, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

140 SW Quincy Terrace  
Lake City, Florida 32024

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: any and all lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Todd A. Johnson

Name and Title: Heather L. Johnson

Address 140 SW Quincy Terrace  
Lake City, Florida 32024

Address: 140 SW Quincy Terrace  
Lake City, Florida 32024

CEO

COO

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

FILED (cont.)  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2014 FEB -5 AM 11:50

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: Heather L. Johnson  
Address: 140 SW Quincy Terrace  
Lake City, Florida 32024

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Heather L. Johnson  
Address: 140 SW Quincy Terrace  
Lake City, Florida 32024

*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*

*Heather L. Johnson*  
Required Signature/Registered Agent

02/03/2014  
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.*

*Heather L. Johnson*  
Required Signature/Incorporator

02/03/2014  
Date