

PA000018163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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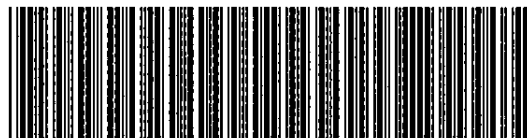
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: **ALL PRO AUTOMOTIVE, 4X4 & MARINE, 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: **KIMBERLY MACDONALD**
Name (Printed or typed)
1538 NW 1st AVE.
Address
BOCA RATON, FL 33432
City, State & Zip
561-755-1155
Daytime Telephone number
allproautomotive@live.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: ALL PRO AUTOMOTIVE, 4X4 & MARINE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1538 NW 1st AVE.

BOCA RATON, FL

33432

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: KIMBERLY MACDONALD President

Address 1538 NW 1st AVE
BOCA RATON, FL
33432

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

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: KIMBERLY MACDONALD

Address: 1538 NW 1st AVE.

BOCA RATON, FL 33432

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KIMBERLYMACDONALD

Address: 1538 NW 1st AVE

BOCA RATON, FL 33432

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

Kimberly MacDonald

Required Signature/Registered Agent

2/14/14

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.

Kimberly MacDonald

Required Signature/Incorporator

2/14/14

Date

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