

PA000026473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE FLORIDA

## COVER LETTER

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

SUBJECT: JDM Auto Repairs, 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: Michael Campbell

Name (Printed or typed)

1811 SW 156 Avenue

Address

Miramar, FL 33027

City, State & Zip

954-557-2948

Daytime Telephone number

mdbattick@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)

**ARTICLE I    NAME**

The name of the corporation shall be:

**JDM Auto Repairs, Inc.**

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**1910 SW 100 Terrace**  
**Miramar, FL 33025**

**1811 SW 156 Avenue**  
**Miramar, FL 33027**

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

**The company is organized to provide automobile repair services to the public.**

**ARTICLE IV    SHARES    500**

The number of shares of stock is:

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

Name and Title: **Michael Campbell -President**

Address: **1811 SW 156 Avenue**  
**Miramar, FL 33027**

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: Michael Campbell  
Address: 1811 SW 156 Avenue  
Miramar, FL 33027


**ARTICLE VII INCORPORATOR**

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

Name: Michael Campbell  
Address: 1811 SW 156 Avenue  
Miramar, FL 33027


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*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

3/19/14  
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

3/19/14  
Date