

PA000033262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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FILED  
14 APR -7 AM 7:29  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

W14-18960

**COVER LETTER.**

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

**SUBJECT:** A-To-Z Auto Repair 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:** A-To-Z Auto repair INC

Name (Printed or typed)

2116 West gadsden st.

Address

Pensacola Florida 32505

City, State & Zip

850-470-0793

Daytime Telephone number

allenweaver433@gmail.com

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

14 APR -7 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 24, 2014

A-TP-Z AUTO REPAIR INC  
2116 W GADSDEN ST.  
PENSACOLA, FL 32505

SUBJECT: A-TO-Z AUTO REPAIR INC.  
Ref. Number: W14000018460

We have received your document for A-TO-Z AUTO REPAIR INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 714A00006220

**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: A-To-Z Auto and Truck Repair Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

2116 West Gadsden st.

Pensacola Florida

32505

Mailing address, if different is:

2116 West Gadsden St.

Pensacola Florida

32505

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: Any purpose allowed by laws

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

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

Name and Title: Allen Weaver P

Address: 2116 West Gadsden St.

Pensacola

Florida 32505

Name and Title: Raymond Weaver VP

Address: 2116 West Gadsden St.

Pensacola

Florida 32505

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

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

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

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

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

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

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

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

14 APR - 7 AM 7:29  
SECRETARY OF STATE  
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: Allen Weaver  
Address: 2116 West Gadsden St.  
Pensacola Florida 32505

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Allen Weaver  
Address: 2116 West Gadsden St.  
Pewnsacola Florida 32505

*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

04/03/2014

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.*

  
Required Signature/Incorporator

04/03/2014  
Date  
FILED  
APR - 7 AM 7:29  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA