

PH000036320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500258979065

04/22/14--01014--012 **78.75

FILED
14 APR 22 AM 7:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Automotive Advertising Associated, 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: Fred Stangle
Name (Printed or typed)
362 Lake Crest Ct.
Address
Weston, FL 33326
City, State & Zip
954-385-3289
Daytime Telephone number
Fred Stangle @ Hotmail.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:

Automotive Advertising Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

362 Lake Crest Ct.

Weston, FL 33326

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to Manufacture and Sell

license plate frames

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Fred Stangle - President

Name and Title:

Address

362 Lake Crest Ct.

Address:

Weston, FL 33326

(VP)

Name and Title:

Barbara Ziccardi - Stangle

Name and Title:

Address

362 Lake Crest Ct.

Address:

Weston, FL 33326

Name and Title:

Name and Title:

Address

Address:

FILED
14 APR 22 AM 7:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

50
shares

50
SHARES

(cont)

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: Fred Stangle
Address: 362 Lake West Ct.
Weston, FL 33326

FILED
14 APR 22 AM 7:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Fred Stangle
Address: 362 Lake West Ct.
Weston, FL 33326

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

Fred Stangle
Required Signature/Registered Agent

4/17/14
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.

Fred Stangle
Required Signature/Incorporator

4/17/14
Date