

PA 00008172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

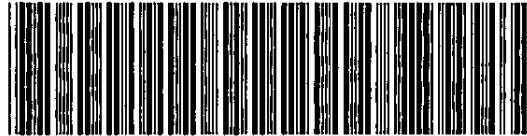
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/29/14--01057--005 **87.50

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SECRETARY OF STATE
MALLARD BUILDING
MONTGOMERY, ALABAMA

COVER LETTER

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

SUBJECT: Vinnie's Tire Service 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: Vincent Michael Girardi
Name (Printed or typed)

2440 Palmetto Ave
Address

Sanford FL 32771
City, State & Zip

321-262-9148
Daytime Telephone number

VLGIR@901.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: Vinnie's Tire Service Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2440 Palmetto Ave
Sanford Fl. 32771

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Change, Repair
and Sell Tires, Including
Cars & Commercial.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Vincent M. Girard

Name and Title: Lisa R Girard

Address: "President"

Address: Secretary

2440 Palmetto Ave
Sanford Fl. 32771

2440 Palmetto Ave
Sanford Fl. 32771

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

14 SEP - 29 AM 10:45
SECRET
FEDERAL BUREAU OF INVESTIGATION

100-100000-100000

(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:

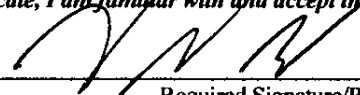
Name: Vincent M Girardi
 Address: 2440 Palmetto Ave
Sanford FL 32771

ARTICLE VII INCORPORATOR

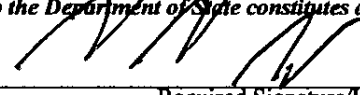
The name and address of the Incorporator is:

Name: Vincent M Girardi
 Address: 2440 Palmetto Ave
Sanford FL 32771

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 9-29-14 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 9-29-14 Date

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 RECEIVED
 TALLAHASSEE FLORIDA