

P14000081291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

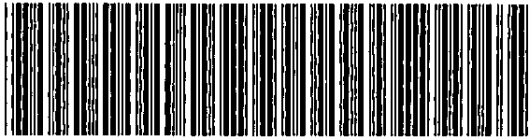
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/3/14

COVER LETTER

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

SUBJECT: VALUE CAR 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: VALUE CAR INC  
Name (Printed or typed)

12024 CARVER AVENUE  
Address

NEW PORT RICHEY FLORIDA 34654  
City, State & Zip

727-856-1889  
Daytime Telephone number

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

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

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TALLAHASSEE, FLORIDA

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: VALUE CAR INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

12024 CARVER AVENUE  
NEW PORT RICHEY, FLORIDA 34654

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO OWN AND OPERATE A  
RENTAL CAR OPERATION AND TO ENGAGE IN ANY  
LAWFUL ACT OR ACTIVITY FOR WHICH CORPORATIONS  
MAY BE FORMED UNDER FLORIDA LAW.

**ARTICLE IV SHARES**

The number of shares of stock is: 500

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

Name and Title: DERWOOD W WASHBURN Name and Title:

PRESIDENT/SECRETARY

Address

Address:

12024 CARVER AVENUE  
NEW PORT RICHEY FLORIDA 34654

Name and Title: SHARON S WILSON Name and Title:

VICE PRESIDENT/TREASURER

Address

Address:

12024 CARVER AVENUE  
NEW PORT RICHEY FLORIDA  
34654

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

Address

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

(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:

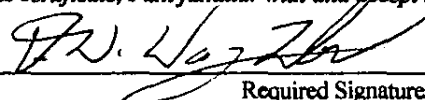
Name: DERWOOD W WASHBURN  
Address: 12024 CARVER AVENUE  
NEW PORT RICHEY, FLORIDA 34654

**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

Name: DERWOOD W WASHBURN  
Address: 12024 CARVER AVENUE  
NEW PORT RICHEY, FLORIDA 34654

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

<u></u>	<u>24 Sept. 14</u>
Required Signature/Registered Agent	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.

<u></u>	<u>24 Sept. 14</u>
Required Signature/Incorporator	Date

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