

10/20/2014 15:18:35 From: To: 8506176381

( 1/4 )

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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

FLORIDA PROFIT/NON PROFIT CORPORATION  
PAB Muffler Corp.

Certificate of Status	0
Certified Copy	0
Page Count	04
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OCT 21 2014

T. SCOTT

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DIVISION OF CORPORATIONS  
FLORIDA

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14 OCT 20 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** PAB Muffler Corp.

(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

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**FROM:** \_\_\_\_\_  
Name (Printed or typed)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Daytime Telephone number

jgellm@roadrunner.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: PAB Muffler Corp.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

9121 Chula Vista St. #12204Naples, Florida 34113**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any lawful business purpose

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DIVISION OF REVENUE  
OCT 20 2014**ARTICLE IV SHARES**The number of shares of stock is: 190**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Jeffrey Gellman, DirectorAddress: 9121 Chula Vista St. #12204Naples, Florida 34113Name and Title: Jeffrey Gellman, PresidentAddress: 9121 Chula Vista St. #12204Naples, Florida 34113Name and Title: Jeffrey Gellman, SecretaryAddress: 9121 Chula Vista St. #12204Naples, Florida 34113

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

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

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

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

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

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

Od 20 14 10.31a

Jeffrey

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(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: Ann Gellman  
Address: 9121 Chula Vista St. #12204  
Naples, Florida 34113

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jennifer Donoghue  
Address: 665 Main Street, Suite 300  
Buffalo, New York 14203

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

Ann Gellman 10/20/14  
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.

Jennifer Donoghue 10/20/14  
Required Signature/Incorporator Date

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SOLICITOR GENERAL  
STATE OF FLORIDA