

Division of Corporation

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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 : FCAC00000023
 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
Standard Muffler Corp.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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 TALLAHASSEE, FLORIDA

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

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

SUBJECT: Standard 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

ADDITIONAL COPY REQUIRED

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: Standard Muffler Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9121 Chula Vista St. #12204

Naples, Florida 34113

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful business purpose

ARTICLE IV SHARES

The number of shares of stock is: 123.5

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jeffrey Gellman, Director

Address: 9121 Chula Vista St. #12204

Naples, Florida 34113

Name and Title: Jeffrey Gellman, President

Address: 9121 Chula Vista St. #12204

Naples, Florida 34113

Name and Title: Jeffrey Gellman, Secretary

Address: 9121 Chula Vista St. #12204

Naples, Florida 34113

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

14 OCT 20 PM 2:31
SECRETARY
J. GELLMAN
J. GELLMAN
J. GELLMAN

001 000

10/20/2014 15:19:37 From: To: 8506176381

(4/4)

Oct 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. #12304
Naples, Florida 34113

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jennifer Denoghue
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
Required Signature/Registered Agent

10/20/14
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 § 817.155, F.S.

Jennifer Denoghue
Required Signature/Incorporator

10/20/14
Date

14 OCT 20 PM 2:31
SECRETARY OF STATE
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA