

P14000086709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

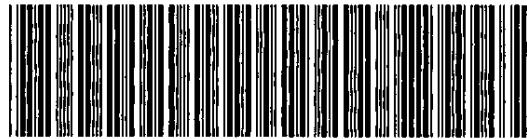
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/02/14--01014--001 **87.50

FILED
14 OCT 17 AM 11:41
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FALLS CHURCH, VIRGINIA

W14-60598

10/23/14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 6, 2014

CHRISTOPHER ALLEN WHEELOCK
8471 LAKE CYPRESS ROAD
LAKE WORTH, FL 33467

SUBJECT: ELITE FLEET MECHANIC 2 YOU
Ref. Number: W14000060598

RECEIVED
14 OCT 17 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ELITE FLEET MECHANIC 2 YOU and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 114A00021269

COVER LETTER

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

SUBJECT: ELITE FLEET MECHANIC 2 YOU, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: CHRISTOPHER ALLEN WHEELLOCK
Name (Printed or typed)

8471 LAKE CYPRESS ROAD
Address

LAKE WORTH, FLORIDA 33467
City, State & Zip

561-255-9696
Daytime Telephone number

FREEWHEELIE2@GMAIL.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: ELITE FLEET MECHANIC 2 YOU, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8471 LAKE CYPRESS ROAD

LAKE WORTH, FLORIDA 33467

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FLEET INSPECTION/MECHANIC SERVICE

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHRISTOPHER A. WHEELLOCK, CEO

Name and Title: _____

Address: 8471 LAKE CYPRESS RD

Address: _____

LAKE WORTH, FL 33467

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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TALLAHASSEE, FLORIDA

(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: VIVIAN KAPLAN
Address: 8272 DOMINICA PLACE
WELLINGTON, FL 33414

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: VIVIAN KAPLAN
Address: 8272 DOMINICA PL
WELLINGTON, FL 33414

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TALLAHASSEE, FLORIDA

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

Vivian Kaplan
Required Signature/Registered Agent

9/27/2014

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.

Vivian Kaplan
Required Signature/Incorporator

9/27/2014

Date