

PH000088191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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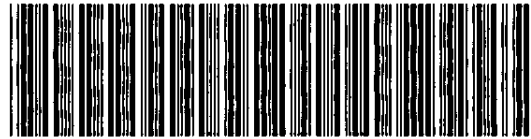
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 OCT 28 PM 2:43
CLERK OF STATE
TALLAHASSEE, FLORIDA

MD 10/29

COVER LETTER

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

SUBJECT: **OUTSHYNE AUTO BODY , 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: **ALLEN MOYER**

Name (Printed or typed)

6113 CAUSEWAY BLVD.

Address

TAMPA, FL 33619

City, State & Zip

813-402-2972

Daytime Telephone number

allenm@irctransportation.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: OUTSHYNE AUTO BODY, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6113 CAUSEWAY BLVD.

TAMPA, FL 33619

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: AUTO BODY SHOP

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CLERK OF DISTRICT COURT
TAMPA, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALLEN MOYER, PRESIDENT

Name and Title: _____

Address: 6113 CAUSEWAY BLVD.
TAMPA, FL 33619

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

(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: ALLEN MOYER
Address: 6113 CAUSEWAY BLVD.
TAMPA, FL 33619


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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

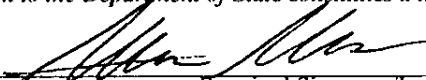
Name: ALLEN MOYER
Address: 6113 CAUSEWAY BLVD.
TAMPA, FL 33619

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

8/26/14
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

8/26/14
Date