PHODORON

| (Requestor's Name) | | | | |
|-------------------------|--------------------|-----------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Ci | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL . | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to | Filing Officer: | | | |
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DEC 2 2014 S. GILBERT

COVER LETTER

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

| _{SUBJECT:} A & | S TIRE INC. | TE NAME – <u>MUST INCL</u> I | UDE SUFFIX) |
|-------------------------|--|--|--|
| Enclosed are an orig | ginal and one (1) copy of the art | ticles of incorporation and | i a check for: |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED |
| FROM: K | EVON MANNING | G e (Printed or typed) | |
| 7. | 10 CAROLINA A | VENUE | |

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

Address

City, State & Zip

Daytime Telephone number

FT. LAUDERDALE, FL 33312

MANBRO42@YAHOO.COM

(954) 682-8322

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)

| | In compliance with Chapter 607 and | |
|--------------------------|--|---|
| The name of the corporat | tion shall be: A & S TIRE INC. | 14 NOV 25 |
| ARTICLE II PRI | NCIPAL OFFICE | 14 NOV 25 PM 12: 4 |
| | Principal street address | Mailing Littless of differenties 710 CAROLINA AVENUERIO |
| 2929 NW 17T | | |
| FT LAUDERD | ALE, FL 33311 | FT LAUDERDALE, FL 3331. |
| | · | |
| | POSE he corporation is organized is: E OF FLORIDA | ND ALL LAWFUL BUSINESS |
| ~ | | |
| | | |
| | , | |
| | | |
| | RES stock is: 100 TAL OFFICERS AND/OR DIRECTOR KEVON MANNING, PRES. | |
| | 710 CAROLINA AVE | |
| Address | FT LAUDERDALE | Address: |
| | | |
| | FL 33312 | |
| Name and Title: | | Name and Title: |
| Address | | |
| 11001000 | | |
| | | · · · · · · · · · · · · · · · · · · · |
| | | |
| Name and Title: | | Name and Title: |
| Address | | |
| , swall vala | | . 1341.555 |
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| | | |

| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: KEVON MANNING Address: 710 CAROLINA AVENUE FT LAUDERDALE, FL 33312 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: KEVON MANNING Address: 710 CAROLINA AVENUE FT LAUDERDALE, FL 33312 Having been named as registered agent to accept service of process for the above stated corporation at the place designated it this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity ACCOUNTAGE TO BE | Name ar | nd Title: | Name and Title: | |
|--|----------|--|-----------------------------|---------------------------------|
| The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: Address: Address: ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: KEVON MANNING The name and address of the Incorporator is: Name: Address: Address: KEVON MANNING T10 CAROLINA AVENUE FT LAUDERDALE, FL 33312 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 ADDIA ARCQUITED AGENTA AGENTAL I Am aware that the false information submitted in adocument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 11/20/2014 | Address | | Address: | |
| Name: Address: T10 CAROLINA AVENUE FT LAUDERDALE, FL 33312 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: KEVON MANNING Address: T10 CAROLINA AVENUE FT LAUDERDALE, FL 33312 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 ADDIA Required Signature/Registered Agent 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. | | | the registered agent is: | |
| Address: 710 CAROLINA AVENUE FT LAUDERDALE, FL 33312 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: KEVON MANNING Address: 710 CAROLINA AVENUE FT LAUDERDALE, FL 33312 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 Amania The Required Signature/Registered Agent 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. 11/20/2014 | | , | | |
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| 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 Mannia 11/20/2014 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. | Name: | KEVON MANNING | | |
| 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 11/20/2014 | Address: | 710 CAROLINA AVENUE | | |
| this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity 11/20/2014 | | FT LAUDERDALE, FL 33312 | | |
| Required Signature/Registered Agent 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. 11/20/2014 | | am familiar with and accept the appointment as regi | stered agent and agree to a | ct in this capacity |
| 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. 11/20/2014 | 1-12-1 | Required Signature/Registered Agent | | |
| | | cument and affirm that the facts stated herein are t | rue. I am aware that the fo | alse information submitted in a |
| Required signature/Incorporator Date | 1.1 | Manning | | 11/20/2014 |
| | 7 - | Required Signature/Incorporator | | Date |