

P 15000013133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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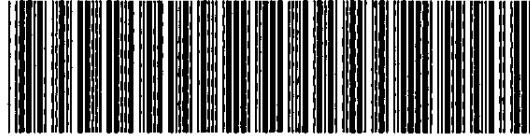
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 FEB -2 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/9/15

COVER LETTER

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

SUBJECT: EXPERIENCE 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: GEORGIA C MOHAMMED

Name (Printed or typed)

319 ANSIN BLVD

Address

HALLANDALE, FL 33009

City, State & Zip

954-822-6289

Daytime Telephone number

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

SECRETARY OF STATE
TALLAHASSEE, FL 32304

15 FEB -2 PM 3:00

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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:

EXPERIENCE AUTO BODY, INC

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ARTICLE II PRINCIPAL OFFICE

Principal street address

319 ANSIN BLVD
HALLANDALE, FL 33009

Mailing address, if different, is:

SAME

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GEORGIA C MOHAMMED-PRESIDENT

Name and Title: _____

Address

2538 MADISON ST
HOLLYWOOD, FL 33020-5329

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

(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: GEORGIA C MOHAMMED
Address: 2538 MADISON ST
HOLLYWOOD, FL 33020-5329

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GEORGIA C MOHAMMED
Address: 2538 MADISON ST
HOLLYWOOD, FL 33020-5329

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

Georgia C. Mohammed
Required Signature/Registered Agent

01-28-15
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.

Georgia C. Mohammed
Required Signature/Incorporator

01-28-15
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA