

P15000014763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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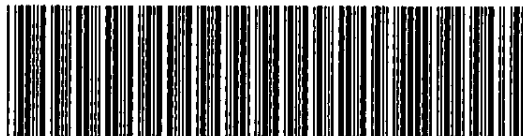
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 13 2015
S. GILBERT

COVER LETTER

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

SUBJECT: SPECIALIZED AUTO SALES 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: ANDREW ROCK
Name (Printed or typed)

611 BARRY PLACE
Address

INDIAN ROCKS BEACH, FL. 33785
City, State & Zip

571-594-7417
Daytime Telephone number

creativeaccountingsolutions@yahoo.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: SPECIALIZED AUTO SALES INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

611 BARRY PLACE
INDIAN ROCKS BEACH
FLORIDA 33785

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SALES OF AUTOMOBILES

ARTICLE IV SHARES

The number of shares of stock is: 1000

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANDREW ROCK (P) Name and Title: _____

Address: 611 BARRY PLACE Address: _____
INDIAN ROCKS BEACH
FLORIDA 33785

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:

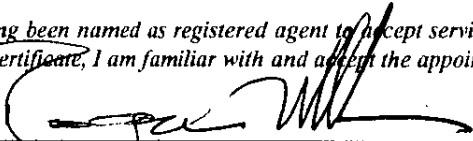
Name: ROGER MILLER
Address: 223 DOLPHIN COVE COURT
BONITA SPRINGS, FL. 34134

ARTICLE VII INCORPORATOR

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

Name: ANDREW ROCK
Address: 611 BARRY PLACE
INDIAN ROCKS BEACH, FL. 33785

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

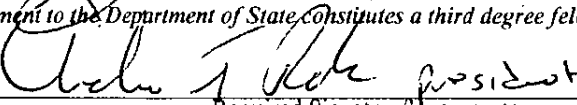


Required Signature/Registered Agent

01-14-15

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.



Required Signature/Incorporator

01-31-15

Date