

P15000018026

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## COVER LETTER

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

SUBJECT: First Coast Heavy Duty Parts, 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: Tammy L Evans  
Name (Printed or typed)

16059 Garrett Grove Ct  
Address

Jacksonville FL 32218  
City, State & Zip

904-707-3169  
Daytime Telephone number

+Levans12295@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: First Coast Heavy Duty Parts, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

16059 Garrett Grove Ct.  
Jacksonville, FL 32218

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Parts Sales

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Tammy L Evans President</u>	Name and Title:	<u>Gary R. Evans VP/Sales</u>
Address	<u>16059 Garrett Grove Ct.</u>	Address:	<u>16059 Garrett Grove Ct.</u>
	<u>Jacksonville, FL 32218</u>		<u>Jacksonville, FL 32218</u>

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: Tammy Evans  
Address: 16059 Garrett Grove Ct.  
Jacksonville FL 32218

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Tammy Evans  
Address: 16059 Garrett Grove Ct.  
Jacksonville, FL 32218

*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*

Tammy Evans 2-17-15  
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.*

Tammy Evans 2-17-15  
Required Signature/Incorporator Date