

P15000031157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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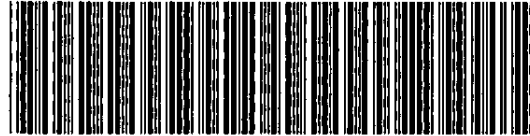
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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04/02/15--01007--008 **70.00

FILED
15 APR -2 PM 1:04
SALVADOR STATE
SALVADOR STATE, FLORIDA

11-2-15-18

COVER LETTER

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

SUBJECT: **Wrench Racing 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: **James Wrench**

Name (Printed or typed)

1019 Antilles Ave

Address

Fort Pierce, FL 34982

City, State & Zip

772-370-1565

Daytime Telephone number

shotgunhemi1@aol.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: Wrench Racing Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

500 S. Market Ave

Fort Pierce, FI 34982

Mailing address, if different is:

1019 Antilles Ave

Fort Pierce, FI 34982

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Racecar Fabrication

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15 APR -2 PM 1:04
CLERK OF DISTRICT COURT
FORT PIERCE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James Wrench Pres

Name and Title: _____

Address 1019 Antilles Ave

Address: _____

Fort Pierce, FI 34982

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: James Wrench
Address: 1019 Antilles Ave
Fort Pierce, FI 34982

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: James Wrench
Address: 1019 Antilles Ave
Fort Pierce, FI 34982

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

James W. Wrench
Required Signature/Registered Agent

3-27-15
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.

James W. Wrench
Required Signature/Incorporator

3-27-15
Date