

95000031324

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2015 APR -7 PM 3:52

SECRETARY OF STATE  
ATLANTA, GA 30334

4/8/15

## COVER LETTER

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

SUBJECT: MY AUTO SALE / 2 SHOPS IN ONE AUDIO 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Alfred Williams  
Name (Printed or typed)

3046 w tharpe st unit 20  
Address

Tallahassee fl 32303  
City, State & Zip

8504053736  
Daytime Telephone number

strcs2009@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: MY AUTO SALE / 2 SHOPS IN ONE AUDIO INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

3046 W THARPE ST. UNIT 20

TALLAHASSEE FL 32303

Mailing address, if different is:

PO BOX 5722

TALLAHASSEE FL 32314

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: THE SALE OF MOTOR VEHICLES

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Alfred Williams owner

Address 1752 KAY AVE APT-B

Tallahassee fl 32301

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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: Alfred Williams  
Address: 1752 kay ave apt-B  
tallahassee FI 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Alfred Williams  
Address: 3046 w tharpe st.unit20  
tallahassee fl 32303

*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*

Alfred Williams 4-7-15  
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.*

Alfred Williams 4-7-15  
Required Signature/Incorporator Date