

P15000045706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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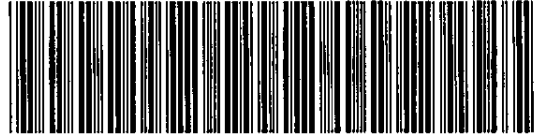
(Business Entity Name)

(Document Number)

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15 MAY 21 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FL 32399

APPROVED
AND
FILED

1/1

COVER LETTER

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

SUBJECT: SRQ HIGH OCTANE 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

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: JUSTIN R BURGOON

Name (Printed or typed)

3009 GARRIOTT LN

Address

SARASOTA, FL 34232

City, State & Zip

941-928-1177

Daytime Telephone number

JBURGOON1@GMAIL.COM

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

NOTE: Please provide the original and one copy of the articles.

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AND
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15 MAY 21 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: SRQ HIGH OCTANE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

3009 GARRIOTT LN

SARASOTA, FL 34232

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: AUTO REPAIR

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUSTIN R BURGOON - PRESIDENT

Name and Title: _____

Address 3009 GARRIOTT LN

Address: _____

SARASOTA, FL 34232

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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AND
FILED

15 MAY 21 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: JUSTIN R BURGOON

Address: 3009 GARRIOTT LN

SARASOTA, FL 34232

ARTICLE VII INCORPORATOR

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

Name: JUSTIN R BURGOON

Address: 3009 GARRIOTT LN

SARASOTA, FL 34232

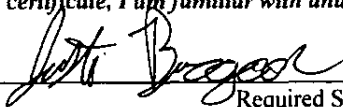
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/18/2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

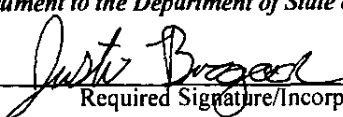


Required Signature/Registered Agent

5-18-15

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

5-18-15

Date