

P15660046053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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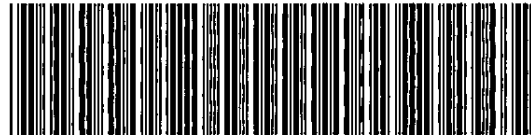
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 MAY 22 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV

5/26/15

COVER LETTER

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

SUBJECT: AAMCO OF STUART, 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: LEE KONSER

Name (Printed or typed)

366 MOHAWK LANE

Address

BOCA RATON, FL 33487

City, State & Zip

561-451-5882

Daytime Telephone number

KSACLJK22@MSN.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: AAMCO OF STUART, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

366 MOHAWK LANE

BOCA RATON, FL 33487

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: AUTOMOTIVE REPAIR FACILITY

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LEE KONSKER, PRES/SEC

Address 366 MOHAWK LANE

BOCA RATON, FL 33487

Name and Title: KEVA ANDERSON-KONSKER, VP/

Address: 366 MOHAWK LANE

BOCA RATON, FL 33487

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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2015 MAY 22 PM 12:34
CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT

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: KEVA ANDERSON-KONSKER
Address: 366 MOHAWK LANE
BOCA RATON, FL 33487

ARTICLE VII INCORPORATOR

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

Name: LEE KONSKER
Address: 366 MOHAWK LANE
BOCA RATON, FL 33487

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (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

5/20/2015
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

5/20/2015
Date