

P15 000053196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

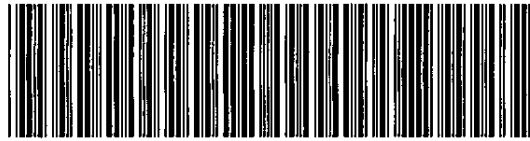
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 JUN 16 PM 1:42

6-22-15-6

## COVER LETTER

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

SUBJECT: Lloyd's Automotive, 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: Lloyd Powers  
Name (Printed or typed)

1533 Duff Road  
Address

Lakeland, Florida 33810  
City, State & Zip

(863) 279-2206  
Daytime Telephone number

lloyd9964@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: Lloyd's Automotive, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1533 Duff Road  
Lakeland, Florida 33810

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any lawful business,  
including Wholesale or retail sales or services

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Lloyd Powers Name and Title: President

Address 1533 Duff Rd Address: \_\_\_\_\_  
Lakeland, Florida 33810

Name and Title: Matthew Powers Name and Title: Vice President

Address 1533 Duff Rd Address: \_\_\_\_\_  
Lakeland Florida  
33810

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

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 JUN 16 PM 1:42

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: Lloyd Powers  
Address: 1533 Duff Rd  
Lakeland, FL 33810

**ARTICLE VII INCORPORATOR**

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

Name: Lloyd Powers  
Address: 1533 Duff Road  
Lakeland, FL 33810

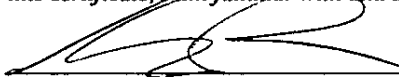
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

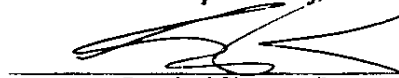
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**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 6/12/15  
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 6/12/15  
Date