

P15000064707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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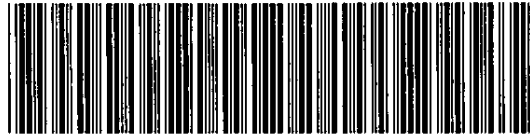
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/30/15--01015--009 **78.75

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2015 JUL 30 AM 9:11
SECRETARY OF STATE
DIVISION OF CORPORATIONS

*005
8/3/15

COVER LETTER

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

SUBJECT: Travis' Motorcycle Repair Company

(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: Travis Van Vliet

Name (Printed or typed)

10109 Bryant Road

Address

Lithia, FL 33547

City, State & Zip

813-684-5683

Daytime Telephone number

travisvanvliet@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: Travis' Motorcycle Repair Company

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10109 Bryant Road

Lithia, FL 33547

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to render high quality services in the powersport industries.

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Travis Van Vliet

Name and Title: William Van Vliet

Address 10109 Bryant Road

Address: 10109 Bryant Road

Lithia, FL 33547

Lithia, FL 33547

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE

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: Travis Van Vliet

Address: 10109 Bryant Road

Lithia, FL 33547

ARTICLE VII INCORPORATOR

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

Name: Travis Van Vliet

Address: 10109 Bryant Road

Lithia, FL 33547

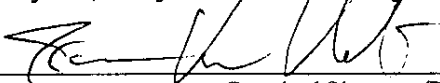
ARTICLE VIII EFFECTIVE DATE:

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

7/15/2015

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

7/15/2015

Date