

P/5000099372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

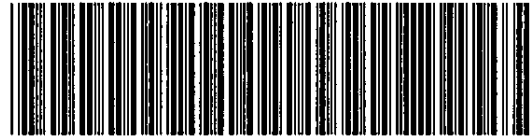
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/07/15--01021--013 **70.00

FILED
15 DEC -7 AM 2:13
SOUTH FLORIDA
TALLAHASSEE, FLORIDA

DEC 1 6 2015

S. GILBERT

COVER LETTER

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

SUBJECT: Junkcarsipaymore, 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: Joseph Capellan

Name (Printed or typed)

11560 Royal Palm Blvd

Address

Coral Springs, Florida 33065

City, State & Zip

954-793-8947

Daytime Telephone number

junkcarsipaymore@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)

FILED

ARTICLE I NAME

The name of the corporation shall be: junkcarsipaymore, Inc

15 DEC -7 AM 2:13

ARTICLE II PRINCIPAL OFFICE

Principal street address
11560 Royal Palm Blvd;
Coral Springs, Florida 33065

Mailing address, if different is: ALL MASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: recycling vehicles

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joseph Capellan President

Name and Title: _____

Address 11560 Royal Palm Blvd

Address: _____

Coral Springs, Florida 33065

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Joseph Capellan

Address: 11560 Royal Palm Blve

Coral Springs fl 33065

ARTICLE VII INCORPORATOR

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

Name: Joseph Capellan

Address: 11560 Royal Palm Blvd

Coral Springs fl 33065

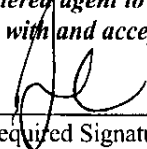
ARTICLE VIII EFFECTIVE DATE:

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.)

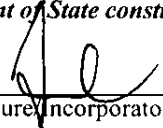
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

12/4/2015
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

12/4/2015
Date