

P160000 14319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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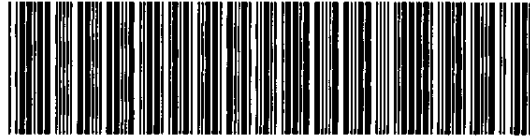
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
16 FEB - 1 AM 10:47  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Culligan FEB 15 2016

## COVER LETTER

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

**SUBJECT:** The Shop Motorcycle/ATV Repair, 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:** Leonard C. Wicks  
Name (Printed or typed)

4642 Cardinal Street  
Address

Pace, FL 32571  
City, State & Zip

850-712-5060  
Daytime Telephone number

lcwix1024@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: The Shop Motorcycle/ATV Repair, Inc.

16 FEB - 1 AM 10:47

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

4568 Bell Lane

Pace, FL 32571

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Mailing Address: 4642 Cardinal Street

Pace, FL 32571

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide motorcycle/ATV repair and service and to engage in any other lawful activity for which corporations may be incorporated in Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Leonard C. Wicks - Owner/President

Address

4642 Cardinal Street

Pace, FL 32571

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

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: Leonard C. Wicks  
Address: 4642 Cardinal Street  
Pace, FL 32571

**ARTICLE VII INCORPORATOR**

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

Name: Leonard C. Wicks  
Address: 4642 Cardinal Street  
Pace, FL 32571

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TALLAHASSEE FLORIDA


**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

1/27/2016  
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

1/27/2016  
Date