

3/10/14

COVER LETTER

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

SUBJECT: **JAM Motors Car Care 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: **Ron O Wilson**

Name (Printed or typed)

3873 SW Koba Street

Address

Port Saint Lucie, FL 34953

City, State & Zip

561-294-3986

Daytime Telephone number

jammotorscarcare@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

FILED
16 MAR 10 PM 4:42



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 28, 2015

RON O WILSON
3873 SW KOBA STREET
PORT SAINT LUCIE, FL 34953

SUBJECT: JAM MOTORS CAR CARE, INC.
Ref. Number: W15000029879

We have received your document for JAM MOTORS CAR CARE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 215A00008650

FILED
16 MAR 10 PM 4:42
CLARETHA GOLDEN

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: Jam Motors Car Care, Inc.

FILED

ARTICLE II PRINCIPAL OFFICE

Principal street address

1760 SW Biltmore Street

Port Saint Lucie, FL 34984-3418

16 MAR 10 PM 4:42
MAILING ADDRESS, IF DIFFERENT IS:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Auto body repair and painting

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ron O Wilson, President

Name and Title: _____

Address: 3873 SW Koba Street

Address: _____

Port Saint Lucie, FL 34953

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

(cont.)

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: Ron O Wilson

Address: 3873 SW Koba Street

Port Saint Lucie, FL 34953

ARTICLE VII INCORPORATOR

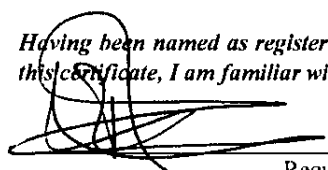
The **name and address** of the Incorporator is:

Name: Ron O Wilson

Address: 3873 SW Koba Street

Port Saint Lucie, FL 34953

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

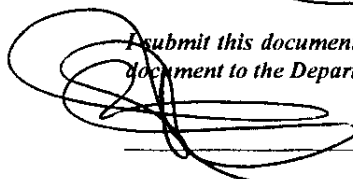


Required Signature/Registered Agent

04/15/2015

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

04/15/2015

Date

FILED
16 MAR 10 PM 4:42
TALLAHASSEE, FLORIDA
CLERK OF THE COURT