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(Requestor's Name)			
(Address)			
(Ac	ddress)		
(Cit	ty/State/Zip/Phone	e #) ·	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nar	me)	
(Do	ocument Number)		
Certified Copies	Certificates	s of Status	
Special Instructions to	Filing Officer:		
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Office Use Only



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SECRETARY OF STATE PLANT IS PH 6: 15 PLANT IS PH

COVER LETTER

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

SUBJECT:	RANSFORD RICH	· · · · · · · · · · · · · · · · ·	/
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	i a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM:	RANSFORD &	(Printed or typed)	
3262 SW HAMPICK ST			
PORT ST LUCIE F1 34593 34953 City, State & Zip			
954-60/-6388 Daytime Telephone number			
	E-mail address: (to be used	9 EDS AUTO BOD d for future annual report f	yagnail, Com

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 II PRI	NCIPAL OFFICE Principal <u>street</u> address	Mailing ac	ddress, if different is:
3262 SW HAMRICI	K ST	4	
PORT ST LUCIE FI	34598 34953		
ARTICLE III PUR The purpose for which	POSE the the corporation is organized is:	O BODY REPAIR	
			ASS IS
			<u> </u>
The number of shares ARTICLE V INIT	of stock is:		SSEE T
ARTICLE V INI	of stock is:	<u> </u>	3 PH 6: 15 SEEF FLORIDA
The number of shares ARTICLE V INIT	of stock is: FIAL OFFICERS AND/OR DIRECTOR itle: 3262 SW HAMRICK ST	Name and Title:	3 PH 6: 15 SEEF FLORIDA
The number of shares ARTICLE V INIT Name and T	of stock is:	Name and Title: Address:	3 PH 6: 15 RY OF STATE SSEE FLORIDA
The number of shares ARTICLE V INIT Name and T Address	of stock is: FIAL OFFICERS AND/OR DIRECTOR itle: 3262 SW HAMRICK ST	Address:	3 PH 6: 15 SSEE FLORIDA
The number of shares ARTICLE V INIT Name and T Address	of stock is: FIAL OFFICERS AND/OR DIRECTOR Ittle: RANSFORD RICHARDS 3262 SW HAMRICK ST PORT ST LUCIE FL 34593 3 4	Name and Title: Address: 79573 Name and Title:	3 PH 6: 15 SSEE FLORIDA
The number of shares ARTICLE V INIT Name and T Address Name and Ti	of stock is: FIAL OFFICERS AND/OR DIRECTOR RANSFORD RICHARDS 3262 SW HAMRICK ST PORT ST LUCIE FL 34593 3 4	Name and Title: Address: 79573 Name and Title:	3 PH 6: 15 SSEE FLORIDA
The number of shares ARTICLE V INIT Name and T Address Name and Ti Address	of stock is: FIAL OFFICERS AND/OR DIRECTOR RANSFORD RICHARDS 3262 SW HAMRICK ST PORT ST LUCIE FL 34593 3 4	Name and Title: Address: Name and Title: Name and Title: Address:	PH 6: 15

Name a	and Title:	Name and Title:	
Addres	ss	Address:	
			,
ADTICLE VI	DECICTEDED ACENT		
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable) (of the registered agent is:	
Name:	RANSFORD RICHARDS		
Address:	3262 SW HAMRICK ST		₹
	PORT ST LUCIE FL 34893 34953	<u> </u>	6 MAY
ARTICLE VII	INCORPORATOR		ASSES
The name and a	address of the Incorporator is:		
Name:	RANSFORD RICHARDS		6: 15
Address:	3262 SW HAMRICK ST		<u> </u>
	PORT ST LUCIE FL 34593 3 495	5	
Effective date, if (If an effective days after the fine the late)	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and cannilling.) te inserted in this block does not meet the applicable effective date on the Department of State's records.	ot be more than five business do	
Having been na this certificate, I	amed as registered agent to accept service of proces I am familiar with and accept the appointment as re	ss for the above stated corporatio egistered agent and agree to act in	n at the place designated in this capacity
	Required Signature/Registered-Agent	,	Date
I subput this do	cument and affirm that the facts stated herein are Department of State constitutes a third degree felo	e true. I am aware that the false my as provided for in s.817.155, F	informátion submitted in a F.S.
Requ	uired Signature/Incorporator		Date

COVER LETTER

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

SUBJECT:	RANSFORD RICA	HARDS AUTO TENAME-MUST INCL	,	
Enclosed are an orig	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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	RANSFORD & Name	(,
Address Pont St Lucic F1 34593 34953 City, State & Zip				
954-601-6388 Daytime Telephone number				
E-mail address: (to be used for future annual report notification)				

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

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	NCIPAL OFFICE Principal <u>street</u> address	Mailing add	ress, if different is:
3262 SW HAMRICI	K ST		
PORT ST LUCIE FI	34593 34953		
ARTICLE III PUR The purpose for which	RPOSE th the corporation is organized is:	D BODY REPAIR	
ARTICLE IV SHA The number of shares	ARES 100 of stock is:		SECRETANY 13 PM
ARTICLE V INIT	TIAL OFFICERS AND/OR DIRECTOR	<u>2S</u>	Smallston.
ARTICLE V INIT	PANSFORD RICHARDS	. <u></u>	5 5
	PANSFORD RICHARDS	Name and Title:	5 5
Name and T	ransford richards	Name and Title: Address:	20 TO
Name and T Address	RANSFORD RICHARDS 3262 SW HAMRICK ST PORT ST LUCIE FL 34593 3 1	Name and Title: Address: 1953	
Name and T Address	RANSFORD RICHARDS 3262 SW HAMRICK ST	Name and Title: Address: 1953 Name and Title:	
Name and T Address Name and Ti	RANSFORD RICHARDS 3262 SW HAMRICK ST PORT ST LUCIE FL 34593 3 1	Name and Title: Address: Name and Title: Address: Name and Title: Address:	
Name and T Address Name and Ti Address	RANSFORD RICHARDS 3262 SW HAMRICK ST PORT ST LUCIE FL 34593 3 1	Name and Title: Address: 1953 Name and Title: Address:	

Name and	l Title:	Name and Title:
Address		Address:
	REGISTERED AGENT	Cally are interest and a second in
	orida street address (P.O. Box NOT acceptable) or RANSFORD RICHARDS	or the registered agent is:
Name:	3262 SW HAMRICK ST	-
Address:	PORT ST LUCIE FL 34893 34953	_
	<u> </u>	- AE 15
ARTICLE VII	NCORPORATOR	HAY 13 PH
The <u>name and ad</u>	dress of the Incorporator is:	
Name:	RANSFORD RICHARDS	
Address:	3262 SW HAMRICK ST	6: 15
7744.455.	PORT ST LUCIE FL 34593 3 4 95 2	– 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
		_
	EFFECTIVE DATE:	(OPTIONAL)
(If an effective da		ot be more than five business days prior or 90 business
days after the fili		
	inserted in this block does not meet the applicable fective date on the Department of State's records.	e statutory filing requirements, this date will not be listed as
	•	
-	ned as registered agent to accept service of proces profamiliar with and accept the appointment as re	is for the above stated corporation at the place designated in gistered agent and agree to act in this capacity
<	4	5/3/16
	Required Signature/Registered Agent	Vate
		true. I am aware that the false information submitted in a
aocument to the L	Pepartment of State constitutes a third degree felo	пу из ргомичи зог т 5.017.133, г.з.
Requir	red Signature/Incorporator	Date