

P16000043348

(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



900285199339

05/13/16--01031--012 **78.76

FILED
16 MAY 13 PM 6:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TKH
5-19-16

COVER LETTER

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

SUBJECT: RANSFORD RICHARDS AUTO BODY 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: RANSFORD RICHARDS
Name (Printed or typed)

3262 SW HARRICK ST
Address

PORT ST LUCIE FL 34593 34953
City, State & Zip

954-601-6388
Daytime Telephone number

RRICHARDSAUTOBODY@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: RANSFORD RICHARDS AUTO BODY INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3262 SW HAMRICK ST

PORT ST LUCIE FL 34593

34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: AUTO BODY REPAIR

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RANSFORD RICHARDS

Name and Title: _____

Address 3262 SW HAMRICK ST

Address: _____

PORT ST LUCIE FL 34593

34953

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
16 MAY 13 PM 6:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: RANSFORD RICHARDS

Address: 3262 SW HAMRICK ST

PORT ST LUCIE FL 34893 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RANSFORD RICHARDS

Address: 3262 SW HAMRICK ST

PORT ST LUCIE FL 34893 34953

FILED
16 MAY 13 PM 6:15
SECRETARY OF STATE
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

5/3/16
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

Date

COVER LETTER

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

SUBJECT: RANSFORD RICHARDS AUTO BODY 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: RANSFORD RICHARDS
Name (Printed or typed)

3262 SW HAMRICK ST
Address

PORT ST LUCIE FL 34593 34953
City, State & Zip

954-601-6388
Daytime Telephone number

RRICHARDSAUTOBODY@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: RANSFORD RICHARDS AUTO BODY INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3262 SW HAMRICK ST

PORT ST LUCIE FL 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: AUTO BODY REPAIR

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RANSFORD RICHARDS

Name and Title: _____

Address 3262 SW HAMRICK ST

Address: _____

PORT ST LUCIE FL 34953

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
16 MAY 13 PM 6:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: RANSFORD RICHARDS

Address: 3262 SW HAMRICK ST

PORT ST LUCIE FL 34953 34953

ARTICLE VII INCORPORATOR

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

Name: RANSFORD RICHARDS

Address: 3262 SW HAMRICK ST

PORT ST LUCIE FL 34953 34953

FILED
16 MAY 13 PM 6:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

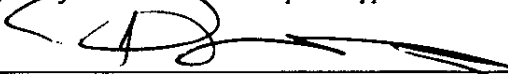
ARTICLE VIII EFFECTIVE DATE:

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.)

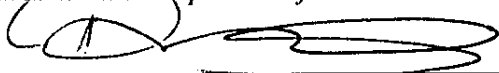
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

5/3/16
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

Date