

P16 000047881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

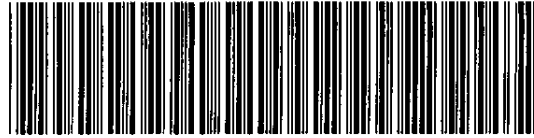
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/02/16--01004--016 **105.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 JUN -2 PM 2:56

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NOT INTENDED
FOR ALPHABETIC
SUFFICIENCY OF FILING

06-02-16

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: NOTIME AUTOCARE LLC

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

LAZARRE SAINT PAUL

Contact Person

Firm/Company

2320 APALACHEE PKWY UNIT D

Address

TALLAHASSEE FL 32301

City, State and Zip Code

INFO@NOTIMEAUTOCARE.COM

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

For further information concerning this matter, please call:

LAZARRE SAINT- PAUL

at (850) 524-2029

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$105.00 Filing Fees	<input type="checkbox"/> \$113.75 Filing Fees and Certificate of Status	<input type="checkbox"/> \$113.75 Filing Fees and Certified Copy	<input type="checkbox"/> \$122.50 Filing Fees, Certified Copy, and Certificate of Status
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STREET ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

I have not intension of
Revoking the disalousion of
Notime Autocare LLC. and Release
The Name to be use Agging.

St Paul

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: NOTIME AUTOCARE & SALE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

2320 APALACHEE PKWY UNIT D

TALLAHASSEE FL, 32301

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE THE AUTO REPAIR SERVICE AND SALE, TO OVER DELIVER ON CUSTOMER SATISFACTION,

WITH HONESTY, INTERGRITY, QUALITY AND UNPARALLED CONVINIENCE.

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LAZARRE SAINT-PAUL DIRECTORS

Address: 160 WHATHERBINE WAY W

TALLAHASSEE, FL 32301

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: LAZARRE SAINT-PAUL
Address: 160 WHETHERBINE WWAY W
TALLAHASSEE FL, 32301

ARTICLE VII INCORPORATOR

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

Name: LAZARRE SAINT-PAUL
Address: 160 WHETHERBINE WAY W
TALLAHASSEE FL 32301

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

St Paul
Required Signature/Registered Agent

6/2/2016
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

St Paul
Required Signature/Incorporator

6/2/16
Date