

05-2016 11:18 From: 302-575-1642 Page: 1/3  
7/8/2016  
P 1600056008  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : AGENTS AND CORPORATIONS, INC  
Account Number : I20010000112  
Phone : (302)575-0875  
Fax Number : (302)575-1642

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

RECEIVED

16 JUL -6 PM 12:30

ALLAISON, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

Motolegends, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$78.75

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

16 JUL -6 AM 10:27

**ARTICLE I NAME**

The name of the corporation shall be: Motolegends, Inc.

STATE  
PORT CHARLOTTE, FLORIDA**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

19384 MIDWAY BLVD

19384 MIDWAY BLVD

PORT CHARLOTTE, FL 33948

PORT CHARLOTTE, FL 33948

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to engage in any lawful act or activity for which corporations  
may be organized under the Florida Business Corporations Act of the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,500

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

Name and Title: Michele Wollslair, President and Director

Name and Title: \_\_\_\_\_

Address

19384 MIDWAY BLVD

Address: \_\_\_\_\_

PORT CHARLOTTE, FL 33948

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

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: Agents and Corporations, Inc.  
 Address: 300 Fifth Avenue South, Suite 101-330  
 Naples, FL 34102

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: John L. Williams  
 Address: 300 Fifth Avenue South, Suite 101-330  
 Naples, FL 34102

**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*

By John L. Williams, Pres. 7/6/16  
 Required Signature/Registered Agent 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.*

John L. Williams President 7-5-16  
 Required Signature/Incorporator Date