

PI6000077488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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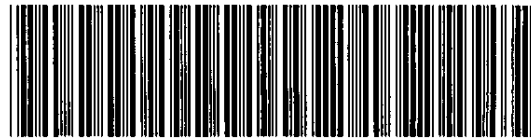
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SEP 12 4M 39  
TALCOTT, SEPT 11 2016

T HENDERSON

SEP 22 2016

## COVER LETTER

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

**SUBJECT:** European Auto Repairs of Englewood, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Robert A. Dickinson  
Name (Printed or typed)

460 S. Indiana Ave.  
Address

Englewood, FL 34223  
City, State & Zip

941-474-7600  
Daytime Telephone number

robertadickinson2@verizon.net  
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: European Auto Repairs of Englewood, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

151 W. Perry Lane

151 W. Perry Lane

Englewood, FL 34224

Englewood, FL 34224

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

Automobile, foreign and domestic repairs, auto part sales and any and all business related matters pertaining to the repairs  
of any an all automobiles

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000.00

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

Name and Title: Kathleen A. Jarosik

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

Address 1432 Roosevelt Drive

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

Englewood, FL 34223

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

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

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

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

FILED  
16 SEP 12 AM 8:39  
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: Kathleen A. Jarosik  
Address: 1432 Roosevelt Drive  
Englewood, FL 34223

**ARTICLE VII INCORPORATOR**

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

Name: Kathleen A. Jarosik  
Address: 1432 Roosevelt Drive  
Englewood, FL 34223

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16 SEP 12 AM 8:39  
TALLAHASSEE, FLORIDA

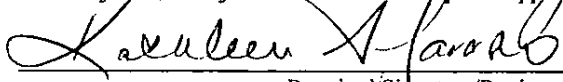
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: August 16, 2016. (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

August 16, 2016

\_\_\_\_\_  
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

August 16, 2016

\_\_\_\_\_  
Date