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COVER LETTER

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

SUBJECT: SOUTHSIDE CUSTOMS, FLORIDA 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: SOUTHSIDE CUSTOMS, FLORIDA INC.
Name (Printed or typed)

140 TOMAHAWK DRIVE UNIT 62
Address

INDIAN HARBOR BEACH, FL 32937
City, State & Zip

321-704-3358
Daytime Telephone number

SOUTHSIDECUSTOMSFL@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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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: SOUTHSIDE CUSTOMS, FLORIDA INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

140 TOMAHAWK DRIVE UNIT 62
INDIAN HARBOR BEACH FL
32937

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PARTS, SERVICE & ACCESSORIES FOR CUSTOM MOTORCYCLES
& HOT RODS

ARTICLE IV SHARES

The number of shares of stock is: 10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: C.J. SAUER PRES Name and Title: _____

Address 412 KARNEY AVE N.E. Address: _____

PALM BAY FLORIDA
32907

Name and Title: LOREI SAUER SEC Name and Title: _____

Address 412 KARNEY AVE N.E. Address: _____

PALM BAY FLORIDA
32907

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: C.J. SAUER

Address: 412 KARNEY AVE N.E.

PALM BAY FLORIDA 32907

ARTICLE VII INCORPORATOR

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

Name: C.J. SAUER

Address: 412 KARNEY AVE N.E.

PALM BAY FLORIDA 32907

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SECRET

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: NOV. 1 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

C.J. Sauer

Required Signature/Registered Agent

OCT 18 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.

C.J. Sauer

Required Signature/Incorporator

OCT 18 2016

Date