

P16000092338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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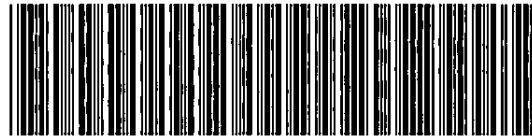
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/17/16--01012--022 **78.75

16 NOV 17 AM 10:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: AUTOWRITE 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: JAMES P. CHRISTIAN
Name (Printed or typed)
1232 NW 125th TER
Address
SUNRISE, FLORIDA, 33323
City, State & Zip
954.268.4435
Daytime Telephone number
AUTOWRITE@OUTLOOK.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: AUTOWRITE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1232 NW 125th TER
SURPRISE, FLORIDA 33323

P.O. Box 22754
FT. LAUDERDALE, FL
33335

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROVIDE VISUAL/graphic
ARTS TO THE PUBLIC.

ARTICLE IV SHARES

The number of shares of stock is: 100

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STATE OF FLORIDA
TALLAHASSEE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAMES CHRISTIAN Name and Title: CAMMA M. CHRISTIAN

Address: PRESIDENT Address: VICE PRESIDENT
1232 NW 125th TER 1232 NW 125th TER
SURPRISE, FLORIDA SURPRISE, FLORIDA
33323 33323

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: James P. Christian

Address: 1232 NW 125th TER
SUNRISE, FLORIDA 33323

ARTICLE VII INCORPORATOR

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

Name: James P. Christian

Address: 1232 NW 125th TER
SUNRISE, FLORIDA 33323

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/1/2017 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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

James P. Christian

Required Signature/Registered Agent

11.15.16

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.

James P. Christian

Required Signature/Incorporator

11.15.16

Date