

P/7000025759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

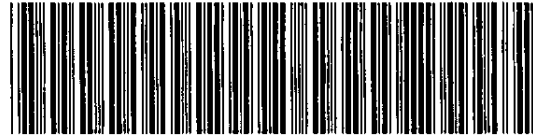
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400294883074

03/20/17--01025--019 **70.00

FILED
17 MAR 20 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/22/17

COVER LETTER

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

SUBJECT: A + Garage Complete Auto Repair 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 Beeler

Name (Printed or typed)

14026 Beach Blvd.

Address

Jacksonville, FL 32250

City, State & Zip

734-751-0017

Daytime Telephone number

rbeeler@yahoo.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: A+ Garage Complete Auto Repair Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3610 Agricultural Center Dr.
St. Augustine, FL 32092

Mailing address, if different is:
14026 Beach Blvd.
Jacksonville, FL 32250

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide general auto repair services.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Robert Beeler - President</u>	Name and Title:	<u>Sandra Pattock-Beeler - Vice President</u>
Address	<u>14026 Beach Blvd.</u>	Address:	<u>14026 Beach Blvd.</u>
	<u>Jacksonville, FL 32250</u>		<u>Jacksonville, FL 32250</u>

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: Adam Pattock
Address: 5395 Church St. Lot D
St. Augustine, FL 32092

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17 MAR 20 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

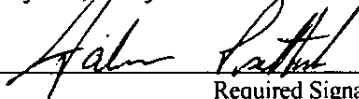
Name: Robert Beeler
Address: 14026 Beach Blvd.
Jacksonville, FL 32250

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 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

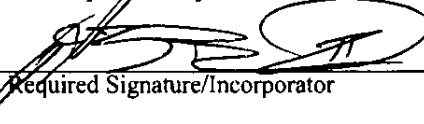


Required Signature/Registered Agent

03/17/2017

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

03/17/2017

Date