

P/7000049760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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17 JUN -7 AM 8:45
TALLAHASSEE FLORIDA

W17-044981

06/08/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 26, 2017

ANTHONY VAZQUEZ
856 GREEN KNOLL DR.
JACKSONVILLE, FL 32221

SUBJECT: ANTHONY MOBILE REPAIR, INC.
Ref. Number: W17000044981

RECEIVED
17 JUN -7 PM 2:35
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

We have received your document for ANTHONY MOBILE REPAIR, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 617A00010676

COVER LETTER

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

SUBJECT: Anthony Mobile 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: Anthony Mobile Repair, INC.

Name (Printed or typed)

856 Green Knoll Drive

Address

Jacksonville, FL 32221

City, State & Zip

904-405-7900

Daytime Telephone number

ac.autoripear@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: Anthony Mobile Repair, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
856 Green Knoll Drive

Mailing address, if different is:

Jacksonville, FL 32221

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To operate a for profit business within the state of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Anthony Vazquez, President

Name and Title:

Address 856 Green Knoll Drive

Address:

Jacksonville, FL 32221

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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CLERK OF DISTRICT COURT
JACKSONVILLE, 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: Anthony Vazquez
Address: 856 Green Knoll Drive
Jacksonville, FL 32221

ARTICLE VII INCORPORATOR

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

Name: Anthony Vazquez
Address: 856 Green Knoll Drive
Jacksonville, FL 32221

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TALLAHASSEE, FLORIDA


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

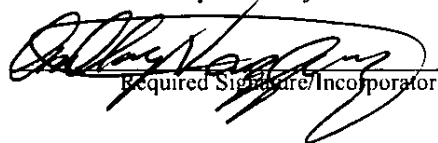


Required Signature/Registered Agent

6/5/17

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

6/5/17

Date