

P17000063864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

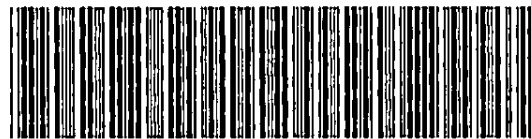
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 JUL 27 AM 9:50
STATE
FLORIDA

07/28/17

COVER LETTER

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

SUBJECT: _____

GM Muscle 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: _____

GARY PRZYBYLA

Name (Printed or typed)

9403 HOUSTON AVE

Address

HUDSON, FL 34667

City, State & Zip

727-831-7405

Daytime Telephone number

GMMUSCLELLC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

GM Muscle llc


9603 Houston Ave
Hudson, FL 34667

July 24, 2017

Attention:

Florida Division of Corporations

Please accept this letter of affidavit as request to release the name GM Muscle LLC from the previous Limited Liability Corporation filing (document# L12000081448). I will not be withdrawing the dissolution of said LLC. I do request to use the name GM Muscle Inc. with my new corporate filings attached with this letter. Thank you.


Sincerely,

Gary Przybyla

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STATE

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: GM MUSCLE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

91003 HOUSTON AVE
HUDSON, FL 34667

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CONDUCT BUSINESS
FOR PROFIT BY AUTOMOTIVE REPAIR SERVICE.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GARY PRZYBYLA CEO Name and Title: _____

Address: 15209 GANSTER DR Address: _____
BROOKSVILLE FL 34613

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

17 JUL 27 AM 9:50
STATE
OF 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: GARY PRZYBYLA
Address: 15209 GANSTER DR
BROOKSVILLE, FL 34613

NOT RECORDED
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STATE
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ARTICLE VII INCORPORATOR

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

Name: GARY PRZYBYLA
Address: 15209 GANSTER DR
BROOKSVILLE FL 34613

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

Gary Przybyla
Required Signature/Registered Agent

July 24, 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.

Gary Przybyla
Required Signature/Incorporator

July 24, 2017
Date