

P17000088130

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COVER LETTER

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

SUBJECT: SEMINOLE AUTO REPAIR OF TALLAHASSEE 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: IGOR DUGLAS
Name (Printed or typed)

1789 CAPITAL CIRCLE S.E.
Address

TALLAHASSEE, FL 32301
City, State & Zip

850-561-0015
Daytime Telephone number

seminoleautorepair@gmail.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: SEMINOLE AUTO REPAIR OF TALLAHASSEE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1789 CAPITAL CIRCLE S.E.

TALLAHASSEE, FL 32301

Mailing address, if different is:

1789 CAPITAL CIRCLE S.E.

TALLAHASSEE, FL 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All legal and lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: IGOR DUGLAS President

Address: 1789 CAPITAL CIRCLE S.E.

TALLAHASSEE, FL 32301

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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2017-07-27 11:09

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: IGOR DUGLAS
Address: 1789 CAPITAL CIRCLE S.E.
TALLAHASSEE, FL 32301

ARTICLE VII INCORPORATOR

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

Name: IGOR DUGLAS
Address: 1789 CAPITAL CIRCLE S.E.
TALLAHASSEE, FL 32301

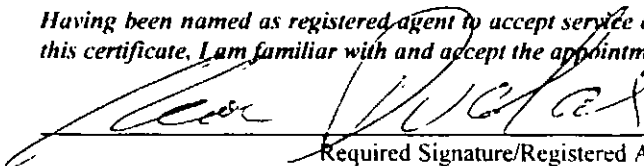
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/02/2017 (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



Required Signature/Registered Agent

11/02/2017

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

11/02/2017

Date

11/02/2017

To Division of Corporations officer

My name is IGOR DUGLAS. I have a company named SEMINOLE AUTO REPAIR OF TALLAHASSEE INC. Document number is P15000096941. I have no intention to reinstate the company thus please release the name for future use.

A handwritten signature in cursive script, appearing to read 'Igor Douglas', written in black ink.

IGOR DUGLAS