## 01900012528

(Re	equestor's Name)		
(Ad	idress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

TS. 2/14/19



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## **COVER LETTER**

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

NE SUBJECT:	W YORK HAIL & DENT INC		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(PROPOSED CORP	PORATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an	original and one (1) copy of th	ne articles of incorporation and	I a check for:
■ \$70.6 Filing F	00 □ \$78.75 fee Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM		Name (Printed or typed)	
	3720 SE 8TH PLACE	Address	
	CAPE CORAL, FL 33904	. Radiesis	
		City, State & Zip	
	631-327-4875		
	Dayti	me Telephone number	
	NEWYORKHAILANDDENT@GI	MAIL.COM	
	E-mail address: (to be	used for future annual report i	notification)

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

January 28, 2019

Department of State

**Division of Corporations** 

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Reference New York Hail & Dent Inc Florida Document Number P17000029386

Dear Department:

It has come to my attention that my corporation has become dissolved for non-payment of the annual report.

At this time I request the state to please release my florida document number P17000029386.

Further I am enclosing new articles to be filed.

Thanking you in advance for your assistance with these matters

Sincerely

Kanneth P Stachurski, President

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

TICLE II PRIN	CIPAL OFFICE		
	Principal street address	Mailir	ng address, if different is:
20 SE 8TH PLACI		SAME	
APE CORAL, FL 3			
TICLE III DUDO	OSF		
purpose for which	the corporation is organized is:		TAINING TO AUTOMOTIV
PAIR SERVICES			
			<del></del>
	<u>ES</u> 100 SHARES @\$1.00 PAF f stock is:		
TICLE IV SHAR e number of shares o TICLE V INITE Name and Titl	SES 100 SHARES @\$1.00 PARES f stock is:  AL OFFICERS AND/OR DIRECTOR  EXERNETH P STACHURSKI, PRI  1720 SE 8TH PLACE	S ESIDE Name and Title:	
TICLE IV SHAR enumber of shares o	ES 100 SHARES @\$1.00 PAR f stock is: 100 SHARES @\$1.00 PAR AL OFFICERS AND/OR DIRECTOR EKENNETH P STACHURSKI, PRI C: 3720 SE 8TH PLACE	S ESIDE Name and Title:	
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TICLE IV SHARE number of shares of TICLE V INITE.  Name and Title Address  Name and Title Address	AL OFFICERS AND/OR DIRECTOR  KENNETH P STACHURSKI, PRI  2720 SE 8TH PLACE  CAPE CORAL, FL 33904	S	9 - 6 3 4 6 1 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
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TICLE IV SHARE number of shares of TICLE V INITE.  Name and Title Address  Name and Title Address	AL OFFICERS AND/OR DIRECTOR  KENNETH P STACHURSKI, PRI  2720 SE 8TH PLACE  CAPE CORAL, FL 33904	SESIDE Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:	23/19 FEB - 6 334 BH 62

Name an	nd Title:	Name and Title:
Address		Address:
	· · · · · · · · · · · · · · · · · · ·	
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of	Color excitorated grant for
Name:	KENNETH P STACHURSKI	the registered agent is.
Address:	3720 SE 8TH PLACE	•
,	CAPE CORAL, FL 33904	-
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>	
The name and ac	ddress of the Incorporator is:	
Name:	KENNETH P STACHURSKI	
Address:	3720 SE 8TH PLACE	_
	CAPE CORAL, FL 33904	-
ARTICLE VIII Effective date, if	EFFECTIVE DATE: Other than the date of filing:	. (OPTIONAL)
		t be more than five days prior or 90 days after the
	e inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
	med as registered agent to accept service of process am familiar with any accept the appointment as reg	for the above stated corporation at the place designated in
inis certificate, i	am jamiliar with and accept the appointment as reg	gsterea agent and agree to act in this capacity
Hara		1/26/19
To the same of the	Required Signature/Registered Agent	Date
I submit this doc	cument and affirm that the facts stated herein are	true. I am aware that the false information submitted in a
	Department of Systa-constitutes a third degree felon	
Want		1/28/10
Requi	ired alguature/Incorporator	
	← 0	** ****