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Special Instructions to Filing Officer:	
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COVER LETTER

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

_{subject:} Oal	kley Auto Sales, I	nc.	
	(PROPOSED CORPORA	TE NAME – <u>MÜST İNCL</u> I	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	icles of incorporation and	I 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 CO	PY REQUIRED
FROM: J	ulius A Oakley	J. O	
3	Sheffield LN.		
	T. T	Address	
N	augatuck CT 067	770	
	City,	State & Zip	
2	03-490-7206		
	-	elephone number	
Vä	anero523@gmail.	.com	
	E-mail address: (to be used	for future annual report n	otification)

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)

V Gull to Lake Hwy	NCIPAL OFFICE Principal <u>street</u> address	Mailin 3 Sheffield LN	g address, if different is:
ystal River	, FL 34429	Naugatud	ck CT 06770
TICLE III PUR purpose for whic	POSE h the corporation is organized is: ANY	AND ALL LAWF	UL BUSINESS
TICLE IV SHA	<u>RES</u> . 100		
	TAL OFFICERS AND/OR DIRECTORS	nt Name and Title:	
<i>TICLE V INIT</i> Name and T			
TICLE V_ INIT	TAL OFFICERS AND/OR DIRECTORS ide: Julius A Oakley, Preside	nt Name and Title: Address:	
<i>TICLE V INIT</i> Name and T	TAL OFFICERS AND/OR DIRECTORS Inte: Julius A Oakley, Preside 3 Sheffield LN		(0
<i>TICLE V INIT</i> Name and T	TAL OFFICERS AND/OR DIRECTORS Julius A Oakley, Preside 3 Sheffield LN Naugatuck, CT 06770		SECRE II
Name and T Address	TAL OFFICERS AND/OR DIRECTORS Julius A Oakley, Preside 3 Sheffield LN Naugatuck, CT 06770	Address: Name and Title:	(0
Name and T Address Name and Tit	TAL OFFICERS AND/OR DIRECTORS Julius A Oakley, Preside 3 Sheffield LN Naugatuck, CT 06770	Address: Name and Title:	SECREJARY OF ALLAHASSEE
Name and T Address Name and Tit	TAL OFFICERS AND/OR DIRECTORS Julius A Oakley, Preside 3 Sheffield LN Naugatuck, CT 06770	Address: Name and Title:	SECRETARY C
Name and T Address Name and Tit Address	TAL OFFICERS AND/OR DIRECTORS Julius A Oakley, Preside 3 Sheffield LN Naugatuck, CT 06770	Address: Name and Title: Address:	SECRETARY OF STATE

Name and T	tle:	Name and Title:
Address		Address:
ARTICLE VI REG	GISTERED AGENT	
	da street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	lulius A Oakley	
Address:	7960 W Gulf to Lake Hwy STE 7	
-	Crystal River, FL 34429	•
ARTICLE VII INC	<u>CORPORATOR</u>	
The name and addre	ess of the Incorporator is:	
Name:	Julius A Oakley	
Address:	7960 W Gulf to Lake Hwy STE 7	
Address.	Crystal River, FL 34429	
<u>ARTICLE VIII </u>	SESCTIVE DATE.	
Effective date, if other	er than the date of filing:	(OPTIONAL)
(If an effective date filing.)	is listed, the date must be specific and canno	t be more than five days prior or 90 days after th
	and the life block down and a selection (P. 11).	statutory filing requirements, this date will not be list
the document's effect	tive date on the Department of State's records.	statutory filing requirements, this date will not be lift
Having been named	is registered agent to accept service of process fo	r the above stated corporation at the place designate
cernificate, i am jami	liar with and accept the appointment as registere	ed agent and agree to act in this capacity
July Va	Clis	1 + 1/25/2019
	Required Signature/Registered Agent	Date
I submit this docume document to the Dep	ent and affirm that the facts stated herein are in artment of State constitutes a third degree felony	true. I am aware that the false information submits α is provided for in s.817.155, F.S.
(lulin (Dak luk	11/25/2019
Required Signature/I	ncorporator	Date