

P200 0000 3426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

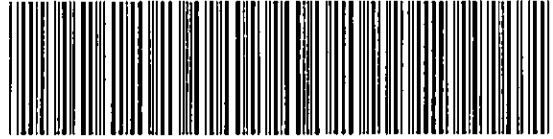
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/22/20--01011--003 **78.75

20 JAN 22 4:09:05

20 JAN 22 AM 9:04

RECEIVED

COVER LETTER

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

SUBJECT: Precision Motors 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: Pre
Name (Printed or typed)
3927 Crawfordville Rd A-8
Address
Tallahassee FL 32305
City, State & Zip
850-212-8320
Daytime Telephone number
precisionmotorsllc@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: Precision Motors INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3927 Crawfordville Rd
Suite A-08
Tallahassee FL 32305

Mailing address, if different is:
1942 Darryl Dr
Apt D
Tallahassee FL 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Car Assesseries and
repair

ARTICLE IV SHARES

The number of shares of stock is: 50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Demetrius Melton President Name and Title: _____

Address: 1942 Darryl Dr Address: _____
Apt D
Tallahassee FL 32301

Name and Title: Michelle Richardson Vice President Name and Title: _____

Address: 2013 Ted Hines Dr Address: _____
Tallahassee FL 32308

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

20 JAN 22 AM 9:04
Tallahassee, FL 32301

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: Demetrius Melton

Address: 1942 Darryl Dr
Tallahassee FL 32301

ARTICLE VII INCORPORATOR

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

Name: Demetrius Melton

Address: 1942 Darryl Dr
Tallahassee FL 32301

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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

Demetrius Melton
Required Signature/Registered Agent

1-22-20
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.

Demetrius Melton
Required Signature/Incorporator

1-22-20
Date