

P20000024519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

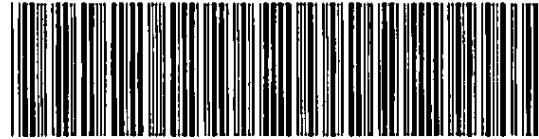
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2020 MAR -2 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: The Big Truck A/C Shop 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: Ronald Sposato

Name (Printed or typed)

17363 Wellsley Avenue

Address

Port Charlotte Fl. 33954

City, State & Zip

941-777-2828

Daytime Telephone number

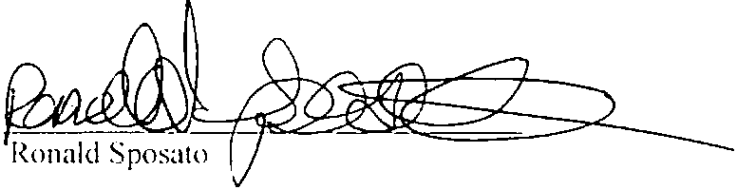
bigtruckacshop@gmail.com

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

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

2/24/2019

I Ronald Sposato will not revoke the dissolution of The Big Truck A/C Shop LLC.
I am dissolving the LLC and changing the corporate structure to Inc.


Ronald Sposato

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: The Big Truck A/C Shop Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

17363 Wellsley Avenue

Port Charlotte Fl. 33954

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ronald Sposato President

Name and Title:

Address 17363 Wellsley Avenue

Address:

Port Charlotte Fl. 33954

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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2020 MAR -2 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, 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: Ronald Sposato

Address: 17363 Wellsley Avenue

Port Charlotte FL 33954

ARTICLE VII INCORPORATOR

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

Name: Ronald Sposato

Address: 17363 Wellsley Avenue

Port Charlotte FL 33954

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 3/01/2020. (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

2/24/2020

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

2/24/2020

Date