

P20000030155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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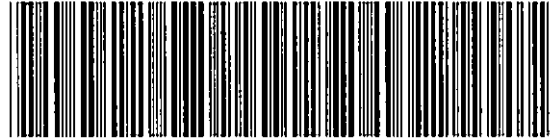
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

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N. CULLIGAN

APR 20 2020

## COVER LETTER

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

SUBJECT: New Season Mobile Hydraulic Repair 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: Isaac Watts, Jr.  
Name (Printed or typed)  
5803 Strauss Loop  
Address  
Plant City, FL 33565  
City, State & Zip  
(813) 760-2730  
Daytime Telephone number  
iwattsupe@aol.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: New Season Mobile Hydraulic Repair Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5803 Strauss Loop  
Plant City, FL 33565

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to conduct lawful  
business in the state of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Isaac Watts, Jr. - President Name and Title: \_\_\_\_\_

Address 5803 Strauss Loop Address: \_\_\_\_\_  
Plant City, FL 33565

Name and Title: Heather J. Stone <sup>Vice Pres.</sup> Name and Title: \_\_\_\_\_

Address 5803 Strauss Loop Address: \_\_\_\_\_  
Plant City 33565

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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TALLAHASSEE, FL

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: Isaac Watts, Jr.  
Address: 5803 Strauss Loop  
Plant City, FL 33565

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**ARTICLE VII INCORPORATOR**

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

Name: Isaac Watts, Jr.  
Address: 5803 Strauss Loop  
Plant City, FL 33565

**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*

\_\_\_\_\_  
Required Signature/Registered Agent  
\_\_\_\_\_  
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  
\_\_\_\_\_  
Date