

P21000017636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

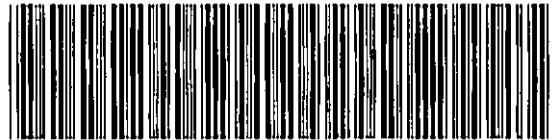
Special Instructions to Filing Officer:

Office Use Only

W21000021258

FEB 26 2021

T. SCOTT



000357863180

01/25/21--01026--031 **78.75

FILED
2021 FEB 25 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2021

KIMBRA ROBERTS
P.O. BOX 236
BONIFAY, FL 32425

SUBJECT: MOONLIGHT AUTO & DIESEL REPAIR, INC
Ref. Number: W21000021258

We have received your document for MOONLIGHT AUTO & DIESEL REPAIR, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

Owner is not a title,

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 121A00003433

COVER LETTER

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

SUBJECT: Moontlight Auto + Diesel 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: Kimbra Roberts
Name (Printed or typed)

PO Box 236
Address

Bonifay FL 32425
City, State & Zip

334 714 4933
Daytime Telephone number

Kimbra.roberts@gmail.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: Moonlight Auto & Diesel Repair, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

666 West Highway 90
Bonifay FL 32425

Mailing address, if different is:

P.O. Box 236
Bonifay FL 32425

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to repair auto and
diesel vehicles

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Charles Aronhalt</u> <u>President</u>	Name and Title:	<u>Kimbra Roberts</u> <u>Vice President</u>
Address	<u>1928 Toke Rethford Rd</u> <u>Bonifay FL 32425</u>	Address:	<u>2732 Marian Dr</u> <u>Bonifay FL 32425</u>

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

2021 FEB 25 AM 11:01
CLERK OF DISTRICT COURT
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: Kimbra Roberts
Address: 2732 Marian Dr
Bonifay FL 32425

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kimbra Roberts
Address: 2732 Marian Dr
Bonifay FL 32425

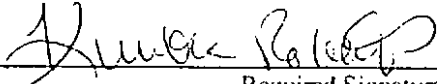
ARTICLE VIII EFFECTIVE DATE:

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.)

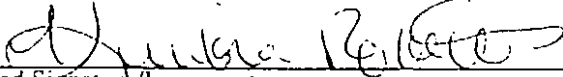
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

1-4-2021
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

1-4-2021
Date