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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

2021 APR -2 PM 4:02

REGISTRATION
-REGISTRATION
-REGISTRATION

FLORIDA PROFIT/NON PROFIT CORPORATION
ONLY CHOICE AUTO AND TIRE Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

21 APR -2 PM 10:07

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

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: ONLY CHOICE AUTO AND TIRE Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
5233 HOLDEN RD
Cocoa, FL US 32927-9004

Mailing address, if different is:
5233 HOLDEN RD
Cocoa, FL US 32927-9004

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>ALAN SCARBOROUGH, P</u>	Name and Title:	<u>MICHELLE METZGER, S</u>
Address	<u>5233 HOLDEN RD</u> <u>Cocoa, FL US 32927-9004</u>	Address:	<u>5233 HOLDEN RD</u> <u>Cocoa, FL US 32927-9004</u>

Name and Title:	<u>ANNA SEALS, T</u>	Name and Title:	_____
Address	<u>5233 HOLDEN RD</u> <u>Cocoa, FL US 32927-9004</u>	Address:	_____

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

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SECTION OF STATE
DIVISION OF CORPORATIONS
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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: Northwest Registered Agent LLC
 Address: 7901 4th St N STE 300
St. Petersburg, FL 33702

ARTICLE VII INCORPORATOR

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

Name: Morgan Noble
 Address: 7901 4th St N STE 300
St. Petersburg, FL 33702

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

Tom Glover
 Required Signature/Registered Agent

3/26/2021
 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in this document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Morgan Noble
 Required Signature/Incorporator

3/26/2021
 Date

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 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 21 APR -2 PM 10:07