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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 : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (917)243-5843

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
NP AUTO REPAIR INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

FILED
STATE DEPT OF STATE
CORPORATION DIVISION

21 JUN 15 PM 12:07

2021 JUN 15 AM 9:54

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME NP AUTO REPAIR INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:

57 COMARES AVENUE 57 COMARES AVENUE

ST AUGUSTINE, FL 32080 ST AUGUSTINE, FL 32080

ARTICLE III PURPOSE AUTO REPAIR AND SALES
The purpose for which the corporation is organized is: _____
To engage in any lawful act or activity for which corporations may be organized.

ARTICLE IV SHARES 200
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: ANGELA BAKSH, President Name and Title: _____
Address 21 ARIELLE COURT Address: _____
ISLANDIA, NY 11749 _____

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

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

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: ANGELA BAKSH

Address: 57 COMARES AVENUE
ST AUGUSTINE, FL 32080

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANGELA BAKSH

Address: 21 ARIELLE COURT
ISLANDIA, NY 11749

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 business days prior or 90 business 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

x *Angela Baksh* _____ 6/14/21
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.

x *Angela Baksh* _____ 6/14/21
Required Signature/Incorporator Date