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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	

Help

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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:

NP AUTO REPAIR INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

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57 COMARES AVENUE

ST AUGUSTINE, FL 32080

Mailing address, if different is:

57 COMARES AVENUE

ST AUGUSTINE, FL 32080

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

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Name and Title	ANGELA BAKSH, President	Name and Title:	······
Address	21 ARIELLE COURT		
	ISLANDIA, NY 11749		
Name and Title:		Name and Title:	
Address	<u> </u>	Address:	
	·		
Name and Title:		Name and Title:	
Address		Address:	

Name and Title:	 Name and Title	<u></u>
Address	 Address:	

<u>ARTICLE VI</u> <u>REGISTERED AGENT</u> 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:

_. (OPTIONAL) Effective date, if other than the date of filing: (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

Required Signature/Registered Agent

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.

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6/14/21

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