

P21000057802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600368014666

06/21/21--01002--007 \*\*140.00

TALLAHASSEE, FL

2021 JUN 18 PM 3:41

SECRETARY

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 JUN 18 PM 12:07

FILED

# CORPORATE ACCESS, INC.

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## WALK IN

**PICK UP:** 6/18 DANNY

**CERTIFIED COPY** \_\_\_\_\_

**xx** **PHOTOCOPY** \_\_\_\_\_

**CUS** \_\_\_\_\_

**xx** **FILING** \_\_\_\_\_

**INC** \_\_\_\_\_

**1. FL REPAIR MGMT, LLC**

(CORPORATE NAME AND DOCUMENT #)

**2.**

(CORPORATE NAME AND DOCUMENT #)

**3.**

(CORPORATE NAME AND DOCUMENT #)

**4.**

(CORPORATE NAME AND DOCUMENT #)

**5.**

(CORPORATE NAME AND DOCUMENT #)

**6.**

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COVER LETTER

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

SUBJECT: FL REPAIR MGMT, 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: DR BART A BASI

Name (Printed or typed)

4501 W DEYOUNG ST STE 200

Address

MARION IL 62959

City, State & Zip

618-997-3436

Daytime Telephone number

ANDREW@TAXPLANNING.COM

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

FILED

ARTICLES OF INCORPORATION

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

2021 JUN 18 PM 12:07

**ARTICLE I NAME**

The name of the corporation shall be: FL REPAIR MGMT, INC.

SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

603 LONGBOAT CLUB RD. UNIT 101

LONGBOAT KEY, FL 34228

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL PURPOSES

**ARTICLE IV SHARES**

The number of shares of stock is: 100 COMMON SHARES WITH \$1 PAR VALUE

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: DAVID HORACEK, PRES.

Name and Title: MATTHEW GERKEN, VICE PRES.

Address 603 LONGBOAT CLUB RD. UNIT 101

Address: 603 LONGBOAT CLUB RD. UNIT 101

LONGBOAT KEY, FL 34228

LONGBOAT KEY, FL 34228

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: BART A BASI  
Address: 603 LONGBOAT CLUB RD. UNIT 101  
LONGBOAT KEY, FL 34228

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DR BART A BASI  
Address: 603 LONGBOAT CLUB RD. UNIT 101  
LONGBOAT KEY, FL 34228

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SECRETARY OF STATE  
TALLAHASSEE, FL

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**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*

*Bart A. Bari*

Required Signature/Registered Agent

6/18/2021

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.*

*Bart A. Bari*

Required Signature/Incorporator

6/18/2021

Date