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2021 JUN 18 PM 3: 4

2021 JUH 18 PM 12: 07 SECRETARY OF STATE TALLAHASSEE, FL

CORPORATE ACCESS, _

When you need ACCESS to the world

INC.

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

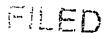
WALK IN

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	CERTIFIED COPY				
х×	РНОТОСОРУ				
	CUS				
XX	FILING	INC			
, _	FL REPAIR MGMT, I	LLC MENT #)			
_	(CORPORATE NAME AND DOCU	MENT #)			
	(CORPORATE NAME AND DOCU	MENT #)			
-	(CORPORATE NAME AND DOCU	MENT #)			
_	(CORPORATE NAME AND DOCUM	MENT #)			

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314		
SUBJECT: FL REPAIR MGMT, INC. (PROPOSED CORPORA)	TP NAME AND ADDRESS OF	
(FROFOSED CORFORA	IE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	i a check for:
\$70.00 □ \$78.75Filing Fee Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate of
	ADDITIONAL CO	Status PPY REQUIRED
FROM: DR BART A BASI	(0.1)	
Name :	(Printed or typed)	
4501 W DEYOUNG ST STE 20	0	
A	ddress	
MARION IL 62959	State & Zip	
618-997-3436	-	
Daytime Te.	lephone number	
ANDREW@TAXPLANNING.CO	M	
E-mail address: (to be used	for future annual report no	otification)

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)21 JUN 18 PM 12: 07

he name of the corpora	tion shall be: FL REPAIR MGMT, INC) <u>. </u>	SECRETARY OF STATE	
	RTICLE TI PRINCIPAL OFFICE Principal street address LONGBOAT CLUB RD. UNIT 101		TALLAHASSEE, FL Mailing address, if different is:	
TRAICLE III PURPO The purpose for which t	DSE he corporation is organized is: ANY AND	ALL LAWFU	JL PURPOSES	
	ES stock is: 100 COMMON SHARES WIT LOFFICERS AND/OR DIRECTORS	<u>'H \$1</u> PAR VA	LUE	
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 10	
	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:		
			7.5	
•				
ARTICLE VI	REGISTERED AGENT			
	orlda street address (P.O. Box NOT acceptable) of	the registered agent is:		
Name:	BART A BASI			
Address:	603 LONGBOAT CLUB RD. UNIT 10	1		
	LONGBOAT KEY, FL 34228			
			<u>" </u>	202
ARTICLE VII	NCORPORATOR		Z CR	
The name and ad	dress of the Incorporator is:			81 ANT 1202
Name:	DR BART A BASI		37	
Address:	603 LONGBOAT CLUB RD. UNIT 10	1	ECRETARY OF ST TALLAHASSEE, I	2 HG
	LONGBOAT KEY, FL 34228		FAT AT	PM 12: 07
Effective date, if o	EFFECTIVE DATE: ther than the date of filing:	(OPTIONAL)	m	
(If an effective da filing.)	te is listed, the date must be specific and cannot	be more than five days prio	r or 90 days after the	
Note: If the date	inserted in this block does not meet the applicable sfective date on the Department of State's records.	tatutory filing requirements, the	his date will not be list	ed as
Having been name certificate, I am fa	ed as registered agent to accept service of process for miliar, with and accept the appointment as registered	the above stated corporation of d agent and agree to act in this	ut the place designated s capacity	in this
Back	H. Dar		6/18/2021	
	Required Signature/Registered Agent		Date	
I submit this docu document to the D	ment and affirm that the facts stated herein are to epartment of State constitutes a third degree felony	rue. I am aware that the false as provided for in < 817.155 F	: information submitte	d in a
Batt) (2 -	g. c. manyar m mozrizody t	-	
Required Signature	7. Dar		6/18/2021	
redamen Oiknetti	o mon portuoi	Date		