## P22000011202

	(Requestor's Name)	_
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	TO the I Charles I Time I Dhanna H	
	(City/State/Zip/Phone #)	
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PICK-UF	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
	,	
Certified Copies	Certificates of St	atus
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Special Instructions t	o Filing Officer:	
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2022 FEB 15 AM 8:5

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

A K Classic Car C	ompany, In		
<del></del> -	· · · · · · · · · · · · · · · · · · ·		
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
			Vehicle Search
		<del></del> .	Driving Record
Requested by: SETH			UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
			UCC 1! Retrieval
Walk-In		p	Courier

## **COVER LETTER**

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

SUBJECT: AK Classic Car (PROPOSED CORPORATE	Company	Inc.
Enclosed are an original and one (1) copy of the artic		
	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	Certified Copy & Certificate of Status
FROM: Alen M Knelle Name 621 NW 530	- <del>-</del>	Sulp#17c
Buca Raton City, S	duicss	
516-456	s · 85 / 7	

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

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

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

The name of the corporation shall be:	AK Classic	Car Con	Many Inc.
ARTICLE II PRIN'CIPAL OFFIC Principal stree		Mailing	address, if different is:
631 NW 53 rd	Street Site la	25	
Boca Raten, FC		3	ame
ARTICLE III PURPOSE  The purpose for which the corporation		and all 19	wful business
			2012
ARTICLE IV SHARES The number of shares of stock is: /  ARTICLE V INITIAL OFFICERS	O ()  AND/OR DIRECTORS	· <u>·</u>	20/2 FEB 15 AM 8: SINLLAIMSSEE
Name and Title: Alia M.	Kneller Pres.	Name and Title:	F1. 8
Suite	125		•
130cg 1	Raton, FL 33%	7	
Name and Title:		Name and Title:	
		Address:	
Name and Title:		Name and Title:	
Address		Address:	

Address:  Addres	Name and Title:	Name and Title:
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:    Pobert C Clark	Address	Address:
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:    Pobert C Clark		
Name: Robert C Clark  Address: Bocg Refor 77 33487  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name: Alar M KNEUK  Address: Gold Niw 5370 STREET SUICE # 125  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 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 certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  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 document to the Department of State stated herein are true. I am aware that the false information submitted document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.	ARTICLE VI REGISTERED AGENT	
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  ALAN M KNEUEN  Address:  COL NW 53.0 STEET SUICE # 125  ARTICLE VIII EFFECTIVE DATE:  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 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 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 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 affurn that the facts stated herein are true. I am aware that the false information submitted document to the Department of State stated herein are true. I am aware that the false information submitted document to the Department of State stated herein are true. I am aware that the false information submitted document to the Department of State constitutes a third degree felony as provided for in x 817.155, F.S.		
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Name: ALAN M KNEULY  Address: ALAN M KNEULY  Address: ACA CHTON FLIVIDA 33 167  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 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 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 document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	,	<del></del>
Name:  Address:  Address:  CA RINO FLOOR 33187  ARTICLE VIII EFFECTIVE DATE:  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 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 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 certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  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 document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.	<del></del>	
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Effective date, if other than the date of filing:	ARTICLE VIII FFFFCTIVE DATE.	
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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 document to the Department of Staff constitutes a third degree felony as provided for in s.817.155, F.S.  2-10-7.077	Having been named as registered agent to accept servi	ice of process for the above stated corporation at the place designated
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 document to the Department of Stope constitutes a third degree felony as provided for in s.817.155, F.S.  2-10-7.07.7	certificate, I am familiar with and accept the appointm	nent as registered agent and agree to act in this capacity
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document to the Department of Stock constitutes a third degree felony as provided for in s. 817.155, F.S.  2-10-7.077	Required Signature/Register	red Agent Date
X) Clarel 2-10-2077	I submit this document and affirm that the facts stat	ted herein are true. I am aware that the false information submitt
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