

P22000016526

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(Business Entity Name)

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CLERK OF DISTRICT COURT
TALLAHASSEE, FL

2022 MAR -2 PM 2:49

RECORDED

CLERK OF DISTRICT COURT
TALLAHASSEE, FL

2022 MAR -4 PM 4:04

FILED

CAPITAL CONNECTION, INC.

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

MNR Auto Body, Inc.

Signature _____

Requested by: SETH

Name _____

Date _____

Time _____

____ 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 _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____

COVER LETTER

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

SUBJECT: MNR AUTO BODY, 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: MIKE'S TAX AND ACCOUNTING, INC.
Name (Printed or typed)

269 N. UNIVERSITY DRIVE, SUITE B
Address

PIEMBROKE PINES, FL 33024
City, State & Zip

954.893.1399
Daytime Telephone number

MICHAEL_SARABJIT@YAHOO.COM
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2022

CAPITAL CONNECTION

SUBJECT: MIKE AUTO BODY, INC
Ref. Number: W22000027122

We have received your document for MIKE AUTO BODY, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 922A00005199

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2022 MAR -4 PM 2:48
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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: MNR AUTO BODY, INC

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address	Mailing address, if different is:
<u>1422 HAYES STREET, UNIT 7</u>	<u></u>
<u>HOLLYWOOD, FL 33020</u>	<u></u>
<u></u>	<u></u>

ARTICLE III PURPOSE

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

2022-12-4 PM 4:04
STATE
OFFICE, FL
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ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>MIKE VIESEL, D.P</u>	Name and Title:	<u></u>
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Address	<u>1422 HAYES STREET, UNIT 7</u>	Address:	<u></u>
	<u>HOLLYWOOD, FL 33020</u>		<u></u>
	<u></u>		<u></u>

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

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

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: MIKE'S TAX AND ACCOUNTING, INC.

Address: 269 N UNIVERSITY DRIVE, SUITE B

PEMBROKE PINES, FL 33024

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MIKE'S TAX AND ACCOUNTING, INC.

Address: 269 N UNIVERSITY DRIVE, SUITE B

PEMBROKE PINES, FL 33024

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CORPORATE FL
2022-03-04 PM 4:04

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

Michael Regit 03/01/2022
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.

Michael Regit 03/01/2022
Required Signature/Incorporator Date