

P22000047536

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22 JUN 14 AM 3:45

2022 JUN 14 AM 9:04
ALLAHASSEE, FL 0604

RECEIVED

COVER LETTER

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

SUBJECT: TALLAHASSEE AUTO 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: JAIME SORIA
Name (Printed or typed)

289 HENLEY LOOP
Address

TALLAHASSEE, FL 32312
City, State & Zip

603-858-1540
Daytime Telephone number

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

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

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RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

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: TALLAHASSEE AUTO INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

1840 SOUTH MONROE ST
TALLAHASSEE, FL 32301

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LEGAL AND LAWFUL ACTIVITY

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAIME SORIA, PRESIDENT Name and Title: _____

Address 289 HENLEY LOOP Address: _____

TALLAHASSEE, FL 32312

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

22 JUN 14 AM 3:45
SECTION 607
CLERK

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: JAIME SORIA

Address: 289 HENLEY LOOP

TALLAHASSEE, FL 32312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JAIME SORIA

Address: 289 HENLEY LOOP

TALLAHASSEE, FL 32312

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 6-10-22 (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

Required Signature/Registered Agent

6-14-2022
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.

Required Signature/Incorporator

6-14-2022
Date