

2/17/23, 2:07 PM

Division of Corporations

P23000013105

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION

M Station Auto Service, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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COVER LETTER

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

SUBJECT: M Station Auto Service, 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: Adam Marshall, Esquire

Name (Printed or typed)

197 South Federal Highway, Suite 200

Address

Boca Raton, FL 33432

City, State & Zip

561.361.1000

Daytime Telephone number

BocaFilings@LoriumLaw.com

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

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

2023 02 17 11:00:00

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

ARTICLE I NAMEThe name of the corporation shall be: M Station Auto Service, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

6109 NW 41st Drive6109 NW 41st DriveCoral Springs, FL 33067Coral Springs, FL 33067**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

The purpose of the company is to engage in any lawful act or activity permitted under the law.**ARTICLE IV SHARES**The number of shares of stock is: 10,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Antony Monnelly, PresidentName and Title: John Metelus, Vice PresidentAddress: 6109 NW 41st DriveAddress: 6109 NW 41st DriveCoral Springs, FL 33067Coral Springs, FL 33067

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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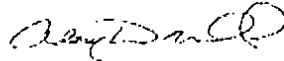
Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Lorium PLLCAddress: 197 South Federal Highway, Suite 200Boca Raton, FL 33432ARTICLE VII INCORPORATORThe name and address of the Incorporator is:Name: Antony MonnellyAddress: 6109 NW 41st DriveCoral Springs, FL 33067ARTICLE 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*_____
Required Signature/Registered Agent02/17/2023_____
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.*Antony Monnelly_____
Required Signature/Incorporator02/17/2023_____
Date

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