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TALLAHASSEE, FLORIDA

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2023 AUG 15 PM 1:03

CLERK OF COURT
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Five star tractor and trailer repair 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: Paqueta Jones
Name (Printed or typed)

510 N Bellamy Dr
Address

Quincy Florida 32351
City, State & Zip

8502740989
Daytime Telephone number

Jones and Sons repair@gmail.com
E-mail address: (to be used for future annual report notification)

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)

ARTICLE I NAME

The name of the corporation shall be: Five Star tractor and trailer repair
INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
6692 Ben bastian
Quincy FL 32351

Mailing address, if different is:

510 N Bellamy Dr
Quincy FL 32351

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful
business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Paqueta Jones (P) Name and Title: _____

Address: 510 N Bellamy Dr Address: _____
Quincy FL 32351

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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2023 AUG 15 PM 1:08
CLERK OF CIRCUIT COURT
JAIL HASSEE FLORIDA

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: Paqueta Jones

Address: 510 N Bellamy Dr
Quincy FL 32351

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Paqueta Jones

Address: 510 N Bellamy Dr
Quincy FL 32351

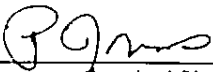
ARTICLE VIII EFFECTIVE DATE:

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.)

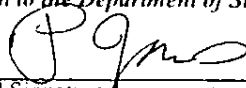
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

8/15/23
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

8/15/23
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA