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TALLAHASSEE, FL
STATE

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PROFESSIONAL REGISTRATION
DIVISION
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: The Shop Automotive 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

2024 AUG 1 4 49:47
DEPT OF STATE
TALLAHASSEE, FL

FILED

FROM: TARA M. ROGERS
Name (Printed or typed)

292 N. Magnolia Dr. Ste 2
Address

TALLAHASSEE, FL 32301
City, State & Zip

850-244-9607
Daytime Telephone number

hello@tmcconsultinggroup.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: The Shop Automotive Center Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1935 Pine Ridge Road Unit B
Naples, FL 34109

P.O. Box 936
Naples, FL 34106

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Adam Benson, P

Address: 1935 Pine Ridge Rd
Unit B
Naples, FL 34109

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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CLERK OF COURT
HILLSBOROUGH COUNTY, FL

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: TMK Consulting Management LLC

Address: 242 N Magnolia Dr. Ste 2
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

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

Name: TARA M. ROGERS

Address: 3243 Skyview Dr
Tallahassee, FL 32303

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 8-1-2024 (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

Tara M. Rogers
Required Signature/Registered Agent

8-1-2024
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.

Tara M. Rogers
Required Signature/Incorporator

8-1-2024
Date

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