

TRANSMITTAL LETTER

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

SUBJECT: The FORD SHOPPE, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

SAMUEL ALAN FOY
Name (Printed or typed)

9100 S. Hwy 17/92
Address

MAITLAND FL 32751
City, State & Zip

407-339-5585
Daytime Telephone number

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 FORD SHOPPE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

*9100 S. Hwy 17/92
MAITLAND FL 32751*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

LIMITED LIABILITY, PLANS TO EXPAND BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

*SAMUEL ALAN FOY - President
LISA CRISWELL - Secretary or Treasurer*

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

*SAMUEL ALAN FOY
3617 JERICHO DR
CASSELLBERRY FL 32707*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*SAMUEL ALAN FOY
3617 JERICHO DR
CASSELLBERRY FL 32707*

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

Samuel Alan Foy

Signature/Registered Agent

4-17-03

Date

Samuel Alan Foy

Signature/Incorporator

4-17-03

Date

FILED
03 APR 21 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA