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

CT: G T AUTONOTIVE INCOMPLETED

(Proposed corporate name - must include suffix)

000003152210--5 -03/01/00--01007--004 ****128.75 ******78.75

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

\$70.00 Filing Fee

78.75 هـ Filing Fee/

& Certificate of Status

⋈ \$78.75

Filing Fee

\$87.50 Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: G/T AUTOMOTIVE INC
Name (Printed or typed)

OO FEB 29 PM 4: 04

OEPANTEN OF STATE
INISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

7067 SHADY GROVE WAY

TALLAHASSEE, FL 32312

911-2012

Daytime Telephone number

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



00 FEB 29 PM 4: 16

ARTICLES OF INCORPORATION The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation. The name of the corporation shall be: G/T AUTOMOTIVEINC of Talkassee ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 7067 SHADY GROVE WAY TALLAHASSEE, FL 32312 The number of shares of stock that this corporation is authorized to have outstanding at any one time is: INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: WALTER M. GRIFFIN III 7067 SHADY GROVE WAY TALLAHASSEE, FL 32312 ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are: WALTER M. GRIFFINIII MOIST SHADY GROVE WAY TALLAHASSEE, FL 32312 (An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent