# DODOODA4105 TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 800003154778--1 -03/02/00--01080--001 \*\*\*\*\*78.75 \*\*\*\*\*\*78.75

SUBJECT: ECLIPOI	= AUTO TIN	TING & ACCES	SORIES IN
		ame - must include su	
Enclosed is an original for:	and one (1) copy	of the articles of i	ncorporation and
\$70.00 Filing Fee	\$78.75 Filing Fee	\$122.50 Filing Fee	\$131.25 Filing Fee,
	& Certificate	& Certified Copy	Certified Copy & Certificate
FROM:	CLI HORD	PHILLIPS	
		(printed or typed)  ERIGE	RAD
		Address	1010
NAPLES, FLORILA 34108 City, State & Zip			
	262-425	5	
	<del>~</del>		

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



ECLIPSE AUTO TINTING \$ ACCESSORIES

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

ECLIPSE AUTO TINTING & ACCESSORIES INC.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

NAPLES FLORIDA 34108

#### **ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

5000 SHARES - NO PAR COMMON

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ELIFORD PHILLIPS EREST GREENBACK CIRCLE SARES, FLORIDA 3411R

## ARTICLE V INCORPORATOR(S)

31 x 3

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

CL, FORD PHILLIPS

RR55 GREENBACK C.RCLE

NAPLES, FLOR, DA 3411R

CAROL PHILLIPS

CAROL PHILLIPS

CAROL PHILLIPS

CAROL PHILLIPS

CAROL PHILLIPS

AND SALIIR

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

day of MARCH

day of MARCH

Acoc.

day of MARCH ROOF.

Cliffond & Signature

Signature

Signature

Articles of Incorporation Filing Fee - \$35

# CERTIFICATE OF DESIGNATION OF THE REGISTERED AGENT/REGISTERED OFFIC

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the corporation is: ECLIPSE AUTO TINTING

  # ACCESSORIES INC.
- 2. The name and address of the registered agent and office is:

(Name)

1406 PINE RIDGE ROAD

(P.O. Box not acceptable)

NAPLES, FLORIDA 34108

(City/State/Zip)

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.

Chifford E Multipe 00-01-00 (Date)