

P00000030285

TRANSMITTAL LETTER

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

800003101298--5
-01/18/00--01101--008
*****87.50 *****87.50

SUBJECT: CNJ ENTERPRISES, 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: THOMAS M. LANGMANN
Name (Printed or typed)
5132 CONTOURA DR
Address
ORLANDO 32810
City, State & Zip
407.251.5155
Daytime Telephone number

FILED
00 MAR 24 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

W-2034
gpc 1/25



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

January 25, 2000

THOMAS M. LANGMANN
5132 CONTOURA DR.
ORLANDO, FL 32810

SUBJECT: CNJ ENTERPRISES, INC.
Ref. Number: W00000002034

We have received your document for CNJ ENTERPRISES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6878.

Alan Crum
Document Specialist

Letter Number: 000A00003408

ARTICLES OF INCORPORATION
OF
CNJ AUTO REPAIR, INC.

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

ARTICLE I NAME

The name of the corporation shall be: CNJ AUTO REPAIR, INC.

ARTICLE II PRINCIPAL OFFICE

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

5612 SOUTH ORANGE AVENUE
ORLANDO, FLORIDA 32809

ARTICLE III CAPITAL STOCK

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

One Thousand (1,000) Common Shares

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

THOMAS M. LANGMANN
5132 CONTOURA DRIVE
ORLANDO, FLORIDA 32810

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAR 24 AM 8:04

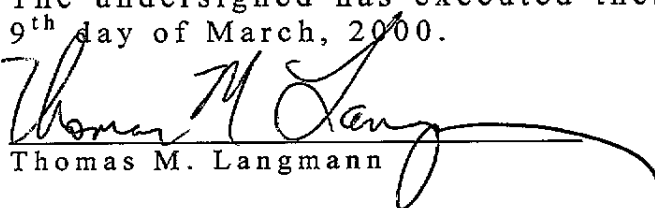
FILED

ARTICLE V INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

THOMAS M. LANGMANN
5132 CONTOURA DRIVE
ORLANDO, FLORIDA 32810

The undersigned has executed these Articles of Incorporation on this 9th day of March, 2000.


Thomas M. Langmann

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

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.

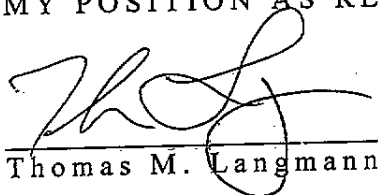
1. The name of the corporation is:

CNJ AUTO REPAIR, INC.

2. The name and address of the registered agent and office is:

THOMAS M. LANGMANN
5132 CONTOURA DRIVE
ORLANDO, FLORIDA 32810

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.


Thomas M. Langmann

March 9th, 2000

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00 MAR 24 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA