

PO0000039874

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

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-04/17/00--01085--011
*****78.75 *****78.75

SUBJECT:

Southern Motions, 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:

Scott R. Kasten
Name (Printed or typed)

10249 SE Lennard Rd.
Address

Port St. Lucie, FL 34952
City, State & Zip

(561) 335-9489
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 APR 17 PM 3:57

FILED

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

T BROWN APR 20 2000

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

00 APR 17 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Southern Motions Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10249 DI SE Lennard Rd
Port St. Lucie, FL 34952

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Auto Sales

ARTICLE IV SHARES

The number of shares of stock is:

3000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

SCOTT R. KASTEN
2034 SE PARROT ST.
PT. ST. LUCIE FL. 34952

ARTICLE VI REGISTERED AGENT

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

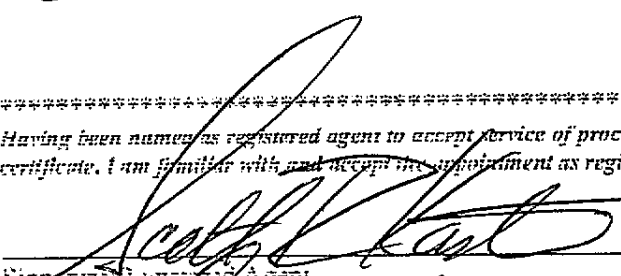
SAME

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

SAME

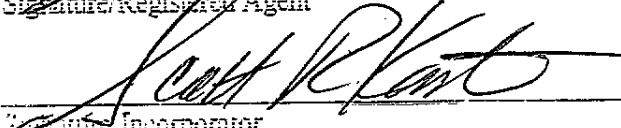
Having been named as registered agent to accept service of process for the above stated corporation in the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

4/10/00

Date



Signature Incorporator

4/10/00

Date