

P00000065492

TRANSMITTAL LETTER

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

400003313604--1  
-07/05/00--01098--012  
\*\*\*\*\*866.25 \*\*\*\*\*78.75

SUBJECT: Motor Carsooff Stuart, 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: Peter Ticktin Esquire  
Name (Printed or typed)

5295 Town Center Road, Third Floor

Address

Boca Raton, Florida 33486

City, State & Zip

(561) 750-5200

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 JUL -5 PM12:26

FILED

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

gjh

# 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: Motor Cars of Stuart, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 2656 South Federal Highway  
Delray Beach, Florida 33483-3245

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Sales

## ARTICLE IV SHARES

The number of shares of stock is: 1,000 shares at \$1.00 per share

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

## ARTICLE VI REGISTERED AGENT

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

Peter Ticktin, Esquire  
5295 Town Center Road  
Boca Raton, Florida 33486

## ARTICLE VII INCORPORATOR

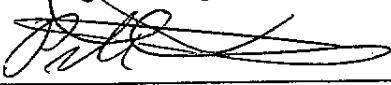
The name and address of the Incorporator is:

Peter Ticktin, Esquire  
5295 Town Center Road,  
Boca Raton, Florida 33486

\*\*\*\*\*  
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

  
\_\_\_\_\_  
Signature/Registered Agent

6/30/00  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

6/30/00  
\_\_\_\_\_  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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