

TRANSMITTAL LETTER

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FILED

00 JUL 31 PM 1:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

700003340207--7  
-07/31/00--01034-014  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: KASHIEFS AUTO BODY REPAIRS, 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: CLIFFORD SMITH  
Name (Printed or typed)

5713 SW 112<sup>TH</sup> TER  
Address

COOPER CITY, FL 33330  
City, State & Zip

954-965-3136  
Daytime Telephone number

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

D. BROWN AUG - 2 2000

# 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:

KASHIEFS AUTOBODY REPAIRS, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

235 ANTIHA AVE. APT 3

CORAL GABLES, FL 33134

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

AUTO REPAIR & PAINTING

## ARTICLE IV SHARES

The number of shares of stock is:

1000 at a penny a share

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

COURTNEY HUTCHINSON (PRESIDENT)

235 ANTIHA AVE., APT 3

CORAL GABLES, FL 33134

LINDA NEWMAN (VP)

1921 NE 10TH AVE, APT 205

MIAMI, FL 33179

## ARTICLE VI REGISTERED AGENT

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

CLIFFORD SMITH

5713 SW 112TH TER

COOPER CITY, FL 33330

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

COURTNEY HUTCHINSON

235 ANTIHA AVE., APT 3

CORAL GABLES, FL 33134

\*\*\*\*\*

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

Date

Signature/Incorporator

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA