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TRANSMITTAL LETTER

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

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Tallahassee, FL 323	14		*****78.75
•			
SUBJECT:	MORGALOMAN AUT	O DETAIL INC.	
	(Proposed corpo	rate name - must include suf	fix)
			•
		•	
	•		
Enclosed is an origina	al and one(1) copy of the article	s of incorporation and a c	heck for :
\$70.00	□ \$78.75	\$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fex,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
		ADDITIONAL COI	
	,		
FROM: STEVEN M. MORGALO			
Name (Printed or typed)			· · · · · · · · · · · · · · · · · · ·
			•
	5230 N. ORANGE BLOSSOM TRAIL #305		
Address			
OPT NUMBER TO 10004.0			
	ORLANDO FL. 32810 City, State & Zip		
407-2946991			
Daytime Telephone number			

ARTICLES OF INCORPORATION

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:

MORGALOMAN AUTO DETAIL INC.

ARTICLE II PRINCIPAL OFFICE

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

BRITTANY BAY

5230 N. ORANGE BLOSSOM TRAIL #305

ORLANDO FL. 32810

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: TWO THOUSAND FIVE HUNDRED (2500)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET

The name and Florida street address of the initial registered agent are:

STEVEN M. MORGALO

5270 N. ORANGE BLOSSOM TRAIL #201

ORLANDO FL. 32180

INCORPORATOR

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

STEVEN M. MORGALO

5270 N. ORANGE BLOSSOM TRAIL #201

ORLANDO FL. 32810

09-17-00

Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

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

09-17-00

Signature Registered Agent

Date