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TRANSMITTAL LETTER

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

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-11/08/00--01070--005  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

**SOUTH BROWARD AUTOMOTIVE REPAIRS, INC.**

SUBJECT: \_\_\_\_\_  
(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: **DONNA SACCO**

Name (Printed or typed)

**5400 S. UNIVERSITY DRIVE, #403**

Address

**DAVIE, FLORIDA 33328**

City, State & Zip

**(954) 680-4818**

Daytime Telephone number

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 NOV -8 AM 10:23

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

11/9/00

Articles of Incorporation  
of  
SOUTH BROWARD AUTOMOTIVE REPAIRS, INC.

00 NOV -8 AM 10: 23

ARTICLE I. NAME

The name of the Corporation shall be: SOUTH BROWARD AUTOMOTIVE REPAIRS, INC. .

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:  
4650 SW 52ST STREET  
DAVIE, FLORIDA 33314

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: (ONE THOUSAND) 1000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

SEAN LAWRENCE  
4852 SW 66TH WAY  
DAVIE, FLORIDA 33314

ARTICLE V INCORPORATOR

The name and address of the incorporator to these articles are: DONNA SACCO, C/O 5400 S. UNIVERSITY DRIVE, #403, DAVIE, FLORIDA 33328.

Donna M. Sacco  
Signature/Incorporator

11-3-2000  
Date

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

*Having been named as registered agent and to accept services 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 to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Sean Lawrence  
Signature/Registered Agent

11/3/00  
Date