

TRANSMITTAL LETTER

PO10000003226

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

EFFECTIVE DATE
01/01/01

800003525558--9
-01/05/01--01080--014
*****70.00 *****70.00

SUBJECT: ALOHA AUTO SALES, CORP
(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: GENILTON C. ROSA
Name (Printed or typed)

11084 SACCO DRIVE
Address

BOCA RATON, FL 33428
City, State & Zip

561-479-4701
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JAN -5 PM 3:51

FILED

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

Feb 1/9

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:

ALOHA AUTO SALES, CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11084 Sacco Drive
Boca Raton, FL 33428

ARTICLE III EFFECTIVE DATE

This corporation is created as of

EFFECTIVE DATE
01/01/01

January 1, 2001 and
shall have perpetual existence.

ARTICLE IV SHARES

The number of shares of stock authorized to be issued at any one time is:

10,000 shares

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

Genilton C. Rosa
11084 Sacco Drive
Boca Raton, FL 33428

ARTICLE VI REGISTERED AGENT

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

Genilton C. Rosa
11084 Sacco Drive
Boca Raton, FL 33428

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Genilton C. Rosa
11084 Sacco Drive
Boca Raton, FL 33428

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.

Genilton C. Rosa 01/02/01
Signature/Registered Agent Date

Genilton C. Rosa 01/02/01
Signature/Incorporator Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA