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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FLORIDA PROFIT CORPORATION OR P.A.

ESCALADE LEASING AUTO SALES CORP.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. McKnight JUL 17 2001 ✓

ARTICLES OF INCORPORATION
OF
ESCALADE LEASING AUTO SALES CORP.

The undersigned subscriber of those articles of incorporation, each a natural person, competent to contract, hereby associated themselves together to form a corporation under the laws of the State of Florida.

ARTICLE 1. NAME

The name of the corporation is: ESCALADE LEASING AUTO SALES, CORP.
and the address is:
13901 Port Said Rd # 9
Opalocka, Fl. 33054

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ARTICLE II. DURATION

The corporation shall have perpetual existence, commencing on the date of execution and acknowledgment of these articles.

ARTICLE III. PURPOSE

The purpose of this corporation is to be engage in any activities or business permitted under the laws of the United States and of the State of Florida.

ARTICLE IV. CAPITAL STOCK

This Corporation is authorized to issue 1000 shares of one dollar (\$1.00) per value common stock, which shall be designated "Common Shares".

ARTICLE V. ADDRESS

The street address and mailing address of the principal office of this corporation is:

13901 Port Said Rd #9
Opalocka, Fl. 33054

And the name of the initial registered agent of this corporation at that address is:

JULIO MOLINA
13901 Port Said Rd #9
Opalocka, Fl. 33054

Who hereby is familiar with and accepts the duties and responsibilities as registered agent for said corporation.

ARTICLE VI. INITIAL BOARD OF DIRECTORS

The Corporation shall have one (1) Director initially. The number of directors may be either increased or decreased from time to time by an amendment of the by laws of the Corporation in the manner provided by law but shall be never be less than one.

The name and address of the initial board of director of this Corporation is:

Mireya Arce
13901 Port Said Rd #9
Opalocka, Fl. 33054

ARTICLE VII. INCORPORATOR

The name and address of the Incorporator signing these articles of incorporation is:

JULIO MOLINA
13901 Port Said Rd #9
Opalocka, Fl. 33054

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation.


INCORPORATOR

CERTIFICATE OF DESIGNATED REGISTERED AGENT

Pursuant to the provisions of section 607-0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designated the registered agent, in the State of Florida.

The name and address of the registered agent and office is:

JULIO MOLINA
13901 Port Said Rd. #9
Opelika, FL. 33054

Having been named as Registered Agent and to accept service of process for the above stated corporation and 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 obligation of my position as registered agent.

Signature _____



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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**