

P010000078827

TRANSMITTAL LETTER

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

01 AUG -6 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Auto Chan, Inc.

SUBJECT:

~~Auto Chan, Inc.~~ Auto Chan, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

700004519527--1

-08/06/01--01102--010

\*\*\*\*\*78.75 \*\*\*\*\*78.75

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:

J. T. ALLEN

Name (Printed or typed)

207 RANKIN DR.

Address

EDGEWATER, FL 32141

City, State & Zip

386/428-1200

Daytime Telephone number

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

2✓  
8/10/01

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:

AutoChar, INC.

ARTICLE II PRINCIPAL OFFICE

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

207 RANKEN DRIVE  
EDGEWATER, FLORIDA 32141

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 10,000 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and street address of the initial agent is:

JULIAN T. ALLISON  
207 RANKEN DRIVE  
EDGEWATER, FL 32141

ARTICLE V INCORPORATOR

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

JULIAN T. ALLISON  
207 RANKEN DRIVE  
EDGEWATER, FL 32141

Julian T. Allison  
Signature/Incorporator

8-2-01  
Date

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.

Julian T. Allison  
Signature/Registered Agent

8-2-01  
Date

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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FILED