

P010000 81874

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

400004538824--2  
-08/16/01--01079--004  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Re: **D and L Autobody, Inc.**

Enclosed is an original (and one (1) copy\*) of the articles of incorporation of the above referenced entity and an check for:

~~X~~ \$70.00 Filing Fee                      \$122.50 Filing Fee & Cert. Copy\*  
\_\_\_\_ \$78.75 Filing Fee & Certificate                      \$131.25 Filing Fee, Cert. Copy & Certificate\*

*\*Additional Copy of Articles Required*

Thank you in advance for your cooperation in this matter. Please address all correspondence and questions to:

Ruth Hess  
1429 Nursery Rd  
Clearwater, FL 33756  
Tele. 727-538-8881

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED

F. CHESNEY

AUG 20 2001

# 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:

**D and L Autobody, Inc.**

## ARTICLE II: PRINCIPAL OFFICE

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

**1429 Nursery Rd Clearwater, FL 33756**

## ARTICLE III: SHARES

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

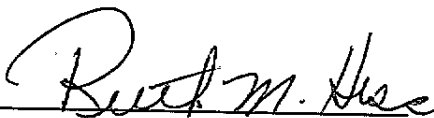
**100,000**

## ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS

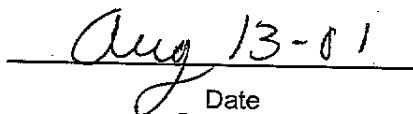
**Ruth Hess 1429 Nursery Rd Clearwater, FL 33756**

## ARTICLE V: INCORPORATOR

**Ruth Hess 1429 Nursery Rd Clearwater, FL 33756**

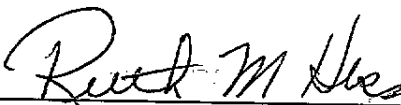


Signature/Incorporator

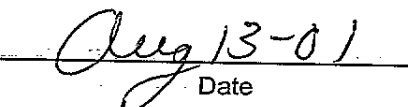


Date

*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.*



Signature/Registered Agent



Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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