

P01000084473

TRANSMITTAL LETTER

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

SUBJECT: All Around Auto Accessories, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

700004558027--4

-08/27/01--01076--028

*****78.75 *****78.75

Enclosed are 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: Calvin Cone
Name (Printed or typed)

4280 Johnson Stripling Rd.
Address

Perry, Fl. 32347
City, State & Zip

850-584-4602
Daytime Telephone number

01 AUG 27 PM 1:18
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATION

APPROVED
AND
FILED

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

8/27

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:

All Around Auto Accessories, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

State of Florida

4280 Johnson Stripling Rd., Perry, Fl. 32347

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sale of auto accessories

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

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

Calvin Cone
4280 Johnson Stripling Rd.
Perry, Fl. 32347

ARTICLE VII INCORPORATOR

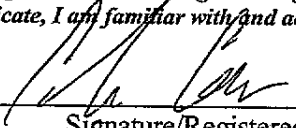
The name and address of the Incorporator is:

Calvin Cone
4280 Johnson Stripling Rd.
Perry, Fl. 32347

01 AUG 27 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
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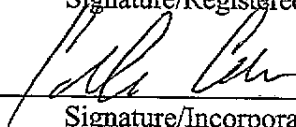
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

8-27-01

Date



Signature/Incorporator

8-27-01

Date