P01000084796

TRANSMITTAL LETTER

OLAUG 27 AM 10: 03
TALLARIASSEE, FLORIDA

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

000004558150---1 -08/27/01--01103--003 ******78.75 ******78.75

SUBJECT:	SCAR	AUTO ST	FIES INC	,
(Proposed corporate nan	ne - must include :	suffix)	
		-		
•			·	
		•		
Enclosed is an original for:	and one (1) copy of	f the articles of	f incorporation and a ch	ecł
	\$78.75	\$122.50	\$131.25	
		,	·	
FROM:		D KOPET nted or typed)	P. B.	
	201 >0 P	NFS RU	10- SUITE # 30	7
	PAMRROKE City, S	PINES E tate & Zip	1 33029	
	(954) 441	- 0403		
	Daytime Tele	ephone number		

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



The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

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

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

200 SUBRES PAR VALUE @ \$ 100 PIR SHARE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CARIUS MANUEL DAVILA do BRENDO KORET RA. 601 NW 179 MENUE #104 PIZMBROKE PINES FL 33029

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of incorporation is(are):

PRESIDENT

CARIOS MANUFL DAVILA

601 N.W. 179 P. NF # 104

PIZMBRUKE PINES, FL 330 89

VIIE PRESIDENT

OSCAR DAVILA

GOI NW 179 H INF #104

PRABBOKE PINKE FI 33009

SAIF OF AUTO'S

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

day of SUI) 19 20.1.

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is:	SC BR	AUro	SAIRS	<u>A</u> C
		-		·	
2.	The name and address of the regis	stered agent a	and office is:		•
	CBRIOS MANUE		B	TALLA TALLA	O ALG
		D AVE #	t 104	HASSE	2
	PPMRPCKE PINC	Box not accept		F, FLOR	MIO.O.
	· · · · · · · · · · · · · · · · · · ·	(City/State/Zip)			A .

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 agents.

(Signature)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL