### CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Signature		-	
Requested by:	Rala		

Date !

Will Pick Up \_\_\_

Name

Walk-In

	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
	Fictitious Owner Search
-	Vehicle Search
	Driving Record
	UCC 1 or 3 File
me	UCC 11 Search J. BRYAN AUG 2 8 2004
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Art of Inc. File\_

LTD Partnership File\_

Art. of Amend. File\_\_\_\_

RA Resignation\_\_\_

Fictitious Name File\_\_\_\_\_\_
Trade/Service Mark\_\_\_\_\_

Foreign Corp. File\_

L.C. File\_\_\_

Merger File\_

#### ARTICLES OF INCORPORATION

<u>OF</u>

#### FROST AUTOMOTIVE REPAIR, INC.



The undersigned incorporators hereby associate themselves together to form a corporation under Chapter 607, Florida Statutes.

# ARTICLE I NAME & PRINCIPAL PLACE OF BUSINESS

The name of the corporation is FROST AUTOMOTIVE REPAIR, INC. and its principal place of business is 707 S. Main Street, Wildwood, FL 34785 with a mailing address of the same.

#### ARTICLE II GENERAL PURPOSE

The general purpose or purposes for which the corporation is organized is the transaction of any or all lawful business for which corporations may be incorporated under Chapter 607, Florida Statutes.

## ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock which the corporation shall have the authority to issue is 100 shares of common stock having a par value of \$1.00 per share.

#### <u>ARTICLE IV</u> TERM OF EXISTENCE

This corporation shall begin its existence on the day these Articles of Incorporation are filed by the Secretary of State of the State of Florida, and shall exist perpetually.

#### ARTICLE V REGISTERED AGENT AND REGISTERED OFFICE

The name of the initial registered agent of this corporation and the initial registered office are:

JOHN A. FROST 707 S. Main Street Wildwood, FL 34785

#### ARTICLE VI MANAGEMENT

Pursuant to the provisions of Section 607.0732, Florida Statutes, the shareholders will enter into a shareholders agreement which reflects the business of the corporation shall be managed by the shareholders of the corporation rather than by a Board of Directors.

#### ARTICLE VII OFFICERS

The names and mailing addresses of each of the officers of the corporation are:

President/Vice President

JOHN A. FROST

6411 S.E. 112th Street Belleview, FL 34420

Secretary/Treasurer

DONNA J. FROST 6411 S.E. 112th Street Belleview, FL 34420

ARTICLE VIII INCORPORATORS

The names and addresses of the incorporators are:

Name

<u>Address</u>

JOHN A. FROST

6411 S.E. 112th Street Belleview, FL 34420

DONNA J. FROST

6411 S.E. 112th Street Belleview, FL 34420

## ARTICLE IX AMENDMENT

The Articles of Incorporation may be amended in the manner provided by law.

ARTICLE X BYLAWS

The power to adopt, amend or repeal the Bylaws shall be reserved to the shareholders of this corporation.

# ARTICLE XI INDEMNIFICATION

The corporation shall indemnify each officer and director, including former officers and directors, to the full extent permitted by law.

IN WITNESS WHEREOF, we have hereunto set our hands and seals this day of August, 2001.

JOHN A. FROST

ONNA J. FROST

STATE OF FLORIDA COUNTY OF LAKE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared JOHN A. FROST known to me to be the person described in and who executed the foregoing document and who acknowledged before me that he executed the same for the uses and purposes set forth therein, and the said JOHN A. FROST is personally known to me (yes/no) or who produced State of Florida Driver's License No. F623-461-50-022 as identification.

WITNESS my hand and official seal in the State and County last aforesaid this \_\_\_\_\_

day of August, 2001.

Melissa A Phillips
My Commission DD026909
Expires May 17 2005

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Melissa A. Phillips

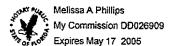
Print Name of Notary
NOTARY PUBLIC-STATE OF FLORIDA

#### STATE OF FLORIDA COUNTY OF LAKE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared DONNA J. FROST known to me to be the person described in and who executed the foregoing document and who acknowledged before me that she executed the same for the uses and purposes set forth therein, and the said DONNA J. FROST is personally known to me (yes/no) or who produced State of Florida Driver's License No. Flu 23-177-56-583-0 as identification.

WITNESS my hand and official seal in the State and County last aforesaid this

day of August, 2001.



Melissa A. Phillips

Print Name of Notary NOTARY PUBLIC-STATE OF FLORIDA

#### ACCEPTANCE OF REGISTERED AGENT

Having been named to accept service of process for the above corporation at the place designated in these Articles of incorporation, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

> JOHN A. FROST Registered Agent