Page 1 of 2

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Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number

: (850)205-0381

From:

Account Name : ACCOUNTING & BEYOND

Account Number : 119950000223 Phone : (813)998-9800 Fax Number : (813)998-9801

FLORIDA PROFIT CORPORATION OR P.A.

IVAN'S AUTO DETAIL, INC.

Certificate of Status	0_
Certified Copy	<u>(1)</u>
Page Count	02
Estimated Charge	\$78.75

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SECKETARY OF STATE

V 0 5 0001

ARTICLES OF INCORPORATION

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The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation

Corporation Act, nereby adopts the	following Articles of Incor	rporation.	
ARTICLE I NAME The name of the corporation shall be:			
ADTIOLE II DOMAINA	Ivan's Auto Detail, inc.		7
ARTICLE II PRINCIPAL OFFICE The principal place of business and mail	ing address of this corporation	on shall be:	_
	3434 W. Columbus Drive	40.04	\neg
	Tampa, FL 33607	11204	
ARTICLE III SHARES]
The number of shares of stock that this c thousand (1,000).	corporation is authorized to ha	ave outstanding at any one time	is One
ARTICLE IV INITIAL REGISTERED AG	ENT AND STREET ADDRE	(CO	
The name and Florida street address of t	he initial registered agent are	A SE O	
		O1.NOV SECRE	more of the
	Ivan Echevarria	25	
	2111 North Boulevard	जून ज	
:	Tampa, FL 33602		
ARTICLE V INCORPORATOR			U
The name and address of the incorporate	or to these Articles of Incorpo	ration are:	•
	Ivan Echevarria		7
	2111 North Boulevard]
	Tampa, FL 33602]
- Colon		1/5/01	
Signature/Incorpor	rator	Date	

(An additional article must be added if an effective date is requested.)

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