

PA200002913/

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

800005080318--0
-03/11/02--01047--005
*****70.00 *****70.00

SUBJECT:

A1 CUSTOM VAN SHOP INC

(Proposed corporate name - must include suffix)

Enclosed is 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:

A11CUSTOM VAN SHOP INC

Name (Printed or typed)

6132 N MAIN STREET

Address

JACKSONVILLE, FL 32208

City, State & Zip

904-766-1716

Daytime Telephone number

02 MAR 11 AM 11:55

FILED

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

D. WHITE MAR 18 2002

Articles of Incorporation

1. The name of the corporation shall be:

A1 CUSTOM VAN SHOP INC

2. The principal place of business and mailing address of the corporation is:

6132 N MAIN STREET JACKSONVILLE, FL 32208

3. The corporation shall have the authority to issue 500 shares of stock.

4. The registered agent of the corporation is LEROY MIKA and the registered street address is 6132 N MAIN ST, JACKSONVILLE Florida 32208

5. The initial Board of Directors shall have 1 member(s) whose name(s) and address(es) is/are as follows:

LEROY MIKA

6132 N MAIN ST

JACKSONVILLE, FL 32208

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

6. The incorporator of this corporation is LEROY MIKA whose street address is 6132 N MAIN STREET JACKSONVILLE, FL 32208

Dated 3-7-02


Incorporator

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 am familiar with and accept the obligations of my position as registered agent.

Dated 3-7-02


Registered Agent

FILED

02 MAR 11 AM 11:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA