Pod Coo Co 40410

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

Tallahassee, FI				100	995295	201 ₅₇ 4
SUBJECT:	AUCTION	OAR (Proposed corpora	BUYER	, Inc		11085004 ******70,00
		(Floposed Corpora	te name s must m	ciude surix)		
England is an	original and one(1) cor		- <i>6</i> :		- C	

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₩ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	□ \$131.25 Filing Fee, Certified Copy & Certificate		
		ADDITIONAL CO	ADDITIONAL CODY DECIMONS		

FROM:	ROBERT ZAKAIB	_	÷: '
	Name (Printed or typed)		-
	3593 WIREE LOURT SE		·· •
,	Address	<u>₹</u>	-
			- 武
	City, state & Zip	5	<u> </u>
	954-474-9000		
	Daytime Telephone number		

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

94/15

ARTICLES OF INCORPORATION	ON	700		
The undersigned incorporator, for the purpose of Business Corporation Act, hereby adopts the following	ii . An the cr	ECRETAR LLAHAS!	2 APR -8	<u> </u>
ARTICLE I NAME	•	E C	~~ ~~	i ITI
The name of the corporation shall be:	HUCTION CAR BUYER, I	OF STATE OPRIDA	M 10: 1-2	M -
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing				
	3593 W TREE TOPS CO	WOT		
		107(1		
ARTICLE III SHARES	DAVIE, FL 33328			
	oration is authorized to have outstanding at any o	ne time i	is:	
	100 SHRS			
ARTICLE IV INITIAL REGISTE	RED AGENT AND STREET ADDRESS	5		
The name and Florida street address of the in	nitial registered agent are:	_		
APERCI E II VICOPROPATION	ROBERT ZAKAIB 3593 W TREE TOPS COL)RT		
ARTICLE V INCORPORATOR The name and address of the incorporator to	DAVIE, I-L 33338 to these Articles of Incorporation are:			
	ROBERT ZAKAIB 3593 W TREE TOPS COURT			
	DAVIE, FL 33328			
Pokent Jalous	4/4/02			
Signature/Incorporator 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