

TRANSMITTAL LETTER  
**P02000092569**

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

300007205259-1  
-08/19/02-01077-002  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: HEAVENLY AUTOMOTIVE INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: DAVID L JENKINS  
Name (Printed or typed)

9703 CEDAR RIDGE DR. W.  
Address

JACKSONVILLE FLORIDA 32202  
City, State & Zip

(904) 378-5475  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED

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

mc 8/26



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State

August 20, 2002

DAVID L JENKINS  
9703 CEDAR RIDGE DR. W.  
JACKSONVILLE, FL 32221

SUBJECT: HEAVENLY AUTOMOTIVE INC.  
Ref. Number: W02000024111

We have received your document for HEAVENLY AUTOMOTIVE INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

If you have any further questions concerning your document, please call (850) 245-6067.

Neysa Culligan  
Document Specialist  
New Filing Section

Letter Number: 602A00048925

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

HEAVENLY Automotive INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

540 WoodRuff Ave  
JACKSONVILLE, FLORIDA 32254

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**

The number of shares of stock is:

1



**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

DAVID L JENKINS PRESIDENT  
9703 CEDAR RIDGE DR. W.  
JACKSONVILLE, FLORIDA 32221

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

DAVID L JENKINS  
9703 CEDAR RIDGE DR. W.  
JACKSONVILLE, FLORIDA 32221

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

DAVID L JENKINS  
9703 CEDAR RIDGE DR. W.  
JACKSONVILLE, FLORIDA 32221

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

8-16-02

Date



Signature/Incorporator

8-16-02

Date