

P020000101265  
TRANSMITTAL LETTER  
FILED

02 SEP 19 AM 9:57

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: Auto FX USA 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: Charles Miles  
Name (Printed or typed)

2136 Pens / Lake Csw  
Address

Altamont, Springs FL 32711  
City, State & Zip

(407) 389-0788  
Daytime Telephone number

800007844648--3  
-09/19/02--01033--002  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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

9/19

# ARTICLES OF INCORPORATION

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE I NAME

The name of the corporation shall be:

Auto Rx USA INC

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

213 G Pearl HMK (SW)  
Altamonte Springs, FL 32714

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

## ARTICLE IV SHARES

The number of shares of stock is: 1,500

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Charles Miles

## ARTICLE VI REGISTERED AGENT

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

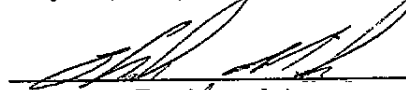
Charles Miles  
5234 N Orange Blossom Tr  
Orlando FL 32810

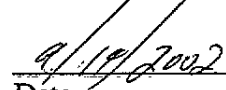
## ARTICLE VII INCORPORATOR

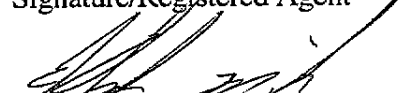
The name and address of the Incorporator is:


Charles Miles  
5234 N Orange Blossom Tr  
Orlando FL 32810

\*\*\*\*\*  
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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date