PODOCOCOS

OMAR EL-SAID'S AUTO REPAIR

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

SUBJECT:

	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX) CF, FLORIDE	AHD: OI	- = -
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation an		1	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:	SUMMUR EL-SAID Name (Printed or typed)		600008 -10/0 *****	:16037 2/020106 :87,50 ***	'65' 0018 ***87,50
	5011 ROMILLY DR E Address		Median.	. 3	* - *******
	JACKSONVILLE, FL 32210 City, State & Zip				
	904-573-0249				
•	Daytime Telephone number				

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

\$10/

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:

OMAR EL-SAID'S AUTO REPAIR INC-

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6227 BLANDING BLVD JACKSONVILLE, FL 32244 MAILING: 5011 ROMILLY DR E JACKSONVILLE, FL 32210

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
TO ESTABLISH A COMMERCIAL AUTOMOTIVE REPAIR SERVICE SPECIALIZING IN
AC SERVICE IN NORTHEAST FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

DIRECTOR/PRESIDENT: OMAR EL-SAID 5011 ROMILLY DR E JACKSONVILLE, FL 32210

DIRECTOR/SECRETARY/TREASURER: SUMMUR EL-SAID 5011 ROMILLY DR E JACKSONVILLE, FL 32210

ARTICLE VI REGISTERED AGENT

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

OMAR EL-SAID 5011 ROMILLY DR E JACKSONVILLE, FL 32210

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

SUMMUR EL-SAID

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

AF FLOSA

Signature/Incorporator

9/30/Date

9/30/02