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Florida Department of State  
Division of Corporations  
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(((H03000217778 7)))

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To: Division of Corporations  
Fax Number : (850) 205-0381

From: Account Name : YOUR CAPITAL CONNECTION, INC.  
Account Number : I20000000257  
Phone : (850) 224-8870  
Fax Number : (850) 224-7047

**FAXED**

03 JUN 23 PM 4:37  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT CORPORATION OR P.A.**  
**AUTO CARRIER SERVICE & REPAIR**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing

Public Access Help

H03000217778 7

**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:

**AUTO CARRIER SERVICE & REPAIR, INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/trading address is:

**863 WASHBURN ROAD, MELBOURNE, FL 32934**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**TRUCK REPAIR**

**ARTICLE IV SHARES**

The number of shares of stock is: **1000**

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

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

**THOMAS S. LOGUE - 243 ABELLO Rd, Palm Bay, FL 32909 - President**  
**ELWOOD B. SHAW - 7625 Northern OAK ST, Melbourne, FL 32904 - V.P.**  
**JOHN M. SIMMONS - 2290 Michigan St, Melbourne, FL 32904 - Sect.**

**ARTICLE VI REGISTERED AGENT**

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

**JOHN M. SIMMONS - 2290 Michigan Street, Melbourne, FL**

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

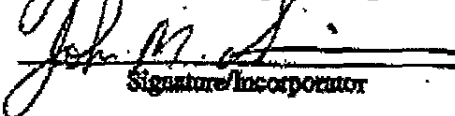
**JOHN M. SIMMONS - 2290 Michigan Street, Melbourne, FL 32904**

**ARTICLE VIII THIS WILL BE AN "S" CORPORATION**

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

**6-23-03**  
\_\_\_\_\_  
Date

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

**6-23-03**  
\_\_\_\_\_  
Date

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