

P03000115772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

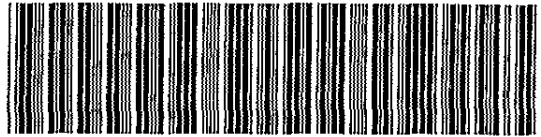
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TS  
10/17/03

## TRANSMITTAL LETTER

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

SUBJECT: Cmmv Auto Technologies, 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:

CLIFF C. Chernay

Name (Printed or typed)

187 SW SnapDragon Circle

Address

Port Saint Lucie Florida 34953

City, State & Zip

772-340 1358 - 561 312 4202

Daytime Telephone number

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

## 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: *CMMV Auto Technologies, I*

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

*N.W. CORNER OF THORNHILL and Bay Shore Blvd.  
IN THE CITY OF PORT SAINT LUCIE Florida*

*mailing address 187 SW Snap Dragon Circle Port Saint  
Lucie Florida 34953*

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*TO provide Automotive Repair in the CITY OF  
Port Saint Lucie Florida*

### ARTICLE IV SHARES

The number of shares of stock is: *100*

### ARTICLE V INITIAL OFFICERS/DIRECTORS

The Directors of the Corporation is (are): *CLIFF C. Cherrnay*

### ARTICLE VI REGISTERED AGENT

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

*CLIFF Cherrnay  
187 SW Snap Dragon Circle Port Saint Lucie  
Florida 34953*

### ARTICLE VII INCORPORATOR

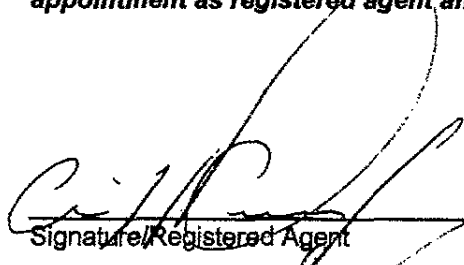
The name and address of the Incorporator is:

*CLIFF Cherrnay 187 SW Snap Dragon  
Circle Port Saint Lucie Florida*

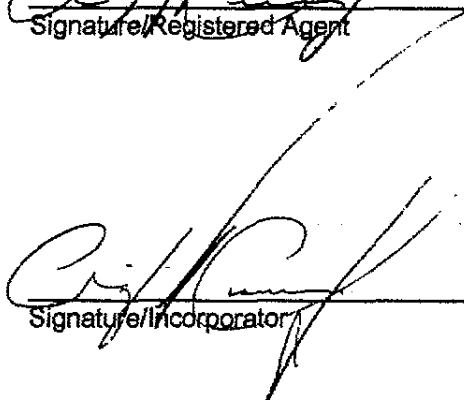


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**Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.**

  
\_\_\_\_\_  
Signature/Registered Agent

10-3-03  
Date

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

10-3-03  
Date

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TALLAHASSEE, FLORIDA