P04000044328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: Enhanced Auto Care 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

ADDITIONAL COPY REQUIRED

FROM: Calvin W. Williams
Name (Printed or typed)

1766 34th St
Address

Sarasota FL 34234
City, State & Zip

941 358-0462
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:

Enhanced Auto Care Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1766 34th St
Sarasota FL 34234

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Auto Detailing

ARTICLE IV SHARES

The number of shares of stock is: 1000 Shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

ARTICLE VI REGISTERED AGENT

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

Calvin Williams
1766 34th St.
Sarasota FL 34234

ARTICLE VII INCORPORATOR

The **name and address** of the incorporator is:

Calvin Williams
1766 34th St
Sarasota FL 34234

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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

Calvin Williams
Signature/Registered Agent — 3-1-04 Date

Calvin Williams
Signature/Incorporator — 3-1-04 Date