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## TRANSMITTAL LETTER

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

SUBJECT: Total Automotive Care 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: Gerry H LeFevre Jr.  
Name (Printed or typed)

813 Ingraham Avenue  
Address

Haines City FL 33844  
City, State & Zip

863-422-6499  
Daytime Telephone number

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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

# ARTICLES OF INCORPORATION

OF

Total Automotive Care Inc.

THE UNDERSIGNED, being over the age of eighteen years, in order to form a corporation pursuant to the provisions of the Corporate Code, hereby certifies as follows:

## Article I Identification

The name of the corporation, hereinafter referred to as the "Corporation," is Total Automotive Care Inc.

## Article II Period of Existence

The period during which the corporation shall continue is perpetual.

## Article III Registered Office and Registered Agent

The address of the initial registered office of the Corporation is 813 Ingraham Avenue, Haines City FL 33844 and the name and address of the initial registered agent therein and in charge thereof, upon whom process against the Corporation may be served, is Gerry H LeFevre Jr., 813 Ingraham Avenue, Haines City FL 33844. The mailing address for the Corporation is 813 Ingraham Avenue, Haines City FL 33844.

## Article IV Purpose

The purpose of the Corporation is to engage in any or all lawful business for which corporations may be organized under the provisions of the General Corporation Law of Florida.

## Article V Shares

The total authorized capital stock of the Corporation is 100 shares having a Par Value of \$1.00. All or any part of said shares may be issued by the Corporation from time to time and for such consideration as may be determined upon or fixed by the Board of Directors, as provided by law.

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Article VI  
Incorporator's Address

The name and post office address of the Incorporator(s) and initial Director(s) of the Corporation is as follows:

Gerry H LeFevre Jr.  
813 Ingraham Avenue  
Haines City FL 33844

The effective date of this Article of Incorporation shall be July 9, 2004.

IN WITNESS WHEREOF, the undersigned Incorporator(s) has caused this Article of Incorporation to be executed as of July 9, 2004.

x [Signature]  
Incorporator

STATE OF FLORIDA     )  
COUNTY OF POLK     )

The forgoing Articles of Incorporation were acknowledged before me, this 9 day of July, 2004.

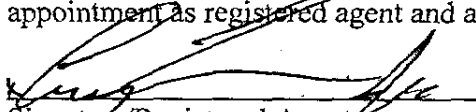
[Signature]  
NOTARY PUBLIC State of Florida

My Commission Expires:

CAROL D. LAMONS  
NOTARY PUBLIC - STATE OF FLORIDA  
COMMISSION # DD205256  
EXPIRES 06/15/2007  
BONDED THRU 1-888-NOTARY1

ACCEPTANCE BY REGISTERED AGENT

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

  
Signature/Registered Agent

7/9/04  
Date

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