

P04000146047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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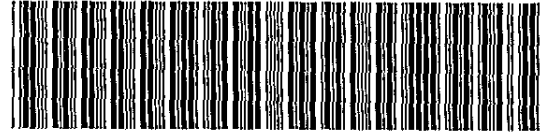
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: ECARS FINANCE, 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: Ali Levent Kirmiziloglu
Name (Printed or typed)

1651 Rivers Edge Dr.
Address

Orlando, FL 32825
City, State & Zip

407-758-2558
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:

ECARS FINANCE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1651 Rivers Edge dr.
Orlando, FL 32825

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Car Sales

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Ali Levent Kirmiziloglu / Pres.

1651 Rivers Edge dr.
Orlando, FL 32825

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Isabel Viveros / Secretary
14412 Clarkson Dr
Orlando, FL 32826

ARTICLE VII INCORPORATOR

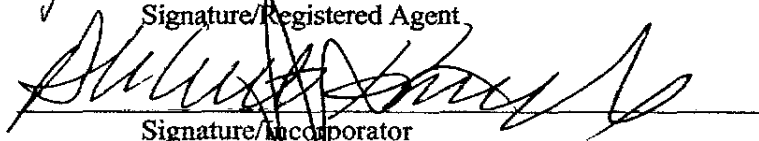
The name and address of the Incorporator is:

Ali Levent Kirmiziloglu
1651 Rivers Edge dr.
Orlando, FL 32825

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

Isabel Viveros
Signature/Registered Agent

10/12/04
Date


Signature/Incorporator

10/12/04
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA