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TALLANKSSEE, FLG. AD

TRANSMITTAL LETTER

SUBJECT: Auto Restyling by TONY MAGS, INC.

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

	(FROFOSBD CORFOR	ATE NAME - MOST INCL	CDE SUFFIX
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
	Anthony P. Nam		
	6413 Hudson Cake Wor	•	
	561-523	,,,=	

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: Auto Restyling by Tony Mags, Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: (6413 Hudson BAY LANE LAKE Worth, Florida 33467 ARTICLE III PURPOSE The purpose for which the corporation is organized is:
Article IV SHARES The number of shares of stock is:
ARTICLE_V INITIAL OFFICERS AND/OR DIRECTORS
List name(s) address(ss) and amosific title(s).
Anthony P. Magnanti - President, Vice-President
6413 Hudson BAY CARE TRUBOTER, Sec.
CAKE WORTH, FLORIDA 33467 ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Anthony P. Magnanti 6413 Hudson Bay Lane Cake worth, Florida 33467 ARTICLE VII INCORPORATOR The name and address of the Incorporator is:
Anthony P. Magnanti 6413 Hidson Bay Carl Cake Worth, FC 33467
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 Date
A. J. D. M. L. 12/3//n//
Signature/Incorporator Date