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J. Shivers Aub (8 7)16)

TRANSMITTAL LETTER

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

BJECT: SBT PF	RECISION AUTO GLASS & MIRR (PROPOSED CORPORA	OR INC. TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
closed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l 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	
FROM: _S	SUSAN BAGNALL			
	Name	(Printed or typed)		
	6 GREENVALE DR.		,	<u></u>
		Address		053000
	ORMOND BEACH, FL 32174			0
	City,	State & Zip		?
	386-547-9953		<u>့</u>	1
•	Daytime T	elephone number	Л	

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: SBT Precision Auto Glass & Mirror, Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 6 Greenvale Dr. Ormond Beach, FL 32174 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Auto Glass Repair & Mirrors ARTICLE IV SHARES The number of shares of stock is: 50 Shares ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Susan Bagnall - President 6 Greenvale Dr. Ormond Beach, FL 32174 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Susan Bagnali 6 Greenvale Dr. Ormond Beach, FL 32174 **INCORPORATOR** ARTICLE VII The name and address of the Incorporator is: Susan Bagnali 6 Greenvale Dr. Ormond Beach, FL 32174 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/Incorpordtor

8-2-05 Date

Date