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# TRANSMITTAL LETTER

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

SUBJECT:	Au	o Pros. Inc.				
		O Pros. Inc. (PROPOSED CORPOR.	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are	an ori	ginal and one (1) copy of the ar	ticles of incorporation an	d a check for:		
<b>87</b> 1 s <sup>2</sup>	70.00	<b>□</b> \$78.75	□ \$78.75	□ \$87.50		
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			ADDITIONAL COPY REQUIRED			
	_					
FRO	$M:\overline{\mathcal{A}}$	bona 8. Spivey				
Name (Printed or typed)						
4201 Recker Hwy						
Address						
Winter Haven, FL 33880						
	City, State & Zip					
		863-299-9000				
Daytime Telephone number						
= = y 1 elephone 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:

Auto Pros, Inc.

#### <u>ARTICLE II PRINCIPAL OFFICE</u>

The principal place of business/mailing address is:

4201 Recker Hwy Winter Haven, FL 33880

#### <u>ARTICLE III PURPOSE</u>

The purpose for which the corporation is organized is:

Any activities or business permitted under the laws of the United States and of the State of Flordia.

#### ARTICLE IV SHARES

The number of shares of stock is:

60,000

## 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:

Donna S. Spivey 4201 Recker Hwy Winter Haven, FL 33880

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

**Donna** 8. Spivey 4201 Recker Hwy Winter Haven, FL 33880

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/Incorporator

Diffused Signature/Incorporator

This capacity

Oct. 17-05

Date

Oct. 17-05

Date