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COVER LETTER

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

SUBJECT: SUN	ICOAST PRE-OWN	ED , INC.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	inal and one (1) copy of the artic	cles 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 CO	
FROM: GI	LENN M. RAMDAS		
		(Printed or typed)	
	1739 LONGVIEW LN.		
-	A	Address	·
,	TARPON SPRINGS, FI	34689	
-		State & Zip	···
7	727-843-8700		
-	Daytime Te	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:

SUNCOAST PRE-OWNED, INC.

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TATLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1739 LONGVIEW LANE TARPON SPRINGS, FL. 34689

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PRE-OWNED MOTOR VEHICLE SALES AND/OR REPAIRS

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):

GLENN M. RAMDAS 1739 LONGVIEW LANE TARPON SPRINGS, FL. 34689 PRES./SEC.

ARTICLE VI REGISTERED AGENT

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

GLENN M. RAMDAS 1739 LONGVIEW LANE TARPON SPRINGS, FL. 34689

ARTICLE VII INCORPORATOR

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

GLENN M. RAMDAS 1739 LONGVIEW LANE TARPON SPRINGS, FL. 34689

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

	01-19-2006
Signature/Registered Agent	Date
	01-19-2006
Signature Allcorporator	Date