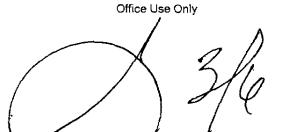
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
V	,	
· (Cit	y/State/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
<u> </u>	 	





03/06/06--01050--015 **105.00

COVER LETTER

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

SUBJECT:	MICHAEL'S TMPORTS	
	(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 See Filing Fee & Filing Fee & Filing Fee, & Certificate of Status

Certificate of Status

ADDITIONAL COPY REQUIRED

FROM:	MicHael L Francis	
	Name (Printed or typed)	
	1745 N. MONROE ST	
	Address	_
	TALL F 32309	
	City, State & Zip	
	(850) 219-0444	
	Daytime Telephone humber	

NOTE: Please provide the original and one copy of the articles.

I, Larry T. Harrell will not revoke the dissolution of Michael's Imports, inc. document #P05000031208 and release the name for use.

State of Florida County of Leon Sworn to and subscribed before me

this 6 day of Morel

Personally known or ID_L

Type oridentification 17 Drivers

State of Forlda Notary Public

Judy Sadler

Commission # DD475990 Expires January 26, 2010

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:		
MICHAELS IMPORTS, IN	C.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:		
1745 N. MONROE ST TAL	L FI	3230 <i>3</i>
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Auto SALES		
ARTICLE IV SHARES The number of shares of stock is:		
ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR List name(s), address(es) and specific title(s):	ORS	
MICHAEL FRANCIS - PRES 1745 N. MONROE ST	TALL	F1 32303
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable)) of the registered	agent is:
1745 N. MONROE ST TA	· =	=
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: MICHAEL TRANCIS		
1745 N. MONNOE ST TAC	L FI	32303
**************************************	************** ove stated corporatio	
certificate, I am familiar with and accept the appointment as registered agent a	_	is capacity 3 -
Signature/Registered Agent	<u>.</u>	Date
Signature/Incorporator		3-8-06 Date
Piguarme, monthonaron		Date