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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

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

SUBJECT: SCOTT'S PAINT & BODY REPAIR, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original	ginal and one (1) copy of the art	ticles of incorporation and	d 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	COTT LEVESQUE	e (Printed or typed)	
	P.O. BOX 551		
		Address	· · · · · · · · · · · · · · · · · · ·
	INGLIS, FL 34449	0.7	
	City	, State & Zip	
	352 447-5165	Talanhanahaa	
		Telephone 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)

SECRETARY OF STATE DIVISION OF CORPORATIONS

06 JUN 28 AM 9: 04

ARTICLE I NAME

The name of the corporation shall be:

SCOTT'S PAINT & BODY REPAIR, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

12 HWY 19 SOUTH INGLIS, FL 34449 P.O. BOX 551 INGLIS, FL 34449

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THIS CORPORATION IS ORGANIZED FOR THE PURPOSE OF TRANSACTING ANY AND ALL LAWFUL BUSINESS FOR WHICH A CORPORATION MAY BE INCORPORATED UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is:

FIVE HUNDRED SHARES (500) ONE DOLLAR (\$1.00) PAR VALUE COMMON STOCK.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

SCOTT LEVESQUE PRESIDENT 12 HWY 19 SOUTH INGLIS, FL 34449

P.O. BOX 551 INGLIS, FL 34449

ARTICLE VI REGISTERED AGENT

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

SCOTT LEVESQUE 12 HWY 19 SOUTH INGLIS. FL 34449

ARTICLE VII __INCORPORATOR

The name and address of the Incorporator is:

SCOTT LEVESQUE 12 HWY 19 SOUTH INGLIS, FL 34449

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 & Incorporator Date