PO6000087975

(Re	equestor's Name)		
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL .	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			





800076055148

06/12/06--01053--013 **78.75

ECRETALY OF STAT ALLAHASSEE, FLORIE

FILED

COVER LETTER

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

SUBJECT:	ALLIED AUTO	SALE, INC.
Enclosed are an orig	·	TE NAME - MUST INCLUDE SUFFIX) cles of incorporation and a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM:	LILIAN LA Name 1 2504 W. MART	(Printed or typed) IN WHER KING BUD, she B
	(818) 339-	33607 State & Zip 3232 elephone number

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 13, 2006

LILAN LAURIE 2504 W. MARTIN LUTHER KING BLVD. STE. B TAMPA, FL 33607

SUBJECT: ALLIED AUTO SALE, INC.

Ref. Number: W06000027009

We have received your document for ALLIED AUTO SALE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call 850-245-6062.

Letter Number: 006A00040186

Paisley A Alford New Filing Section Division of Corporations

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:	· ·
ALLID AUTO SALE, INC.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	`
2504 W. MARTIN LUTHER KING, BLVD TAMPA FL 33607 ARTICLE III PURPOSE	Suite # B
The purpose for which the corporation is organized is:	
THE CORPORATION SHALL ENGAGE IN ANY ACTIVITY. UNDER THE LAWS OF THE U.S.A. AND THE STAT	OR Business Permitted E of FL,
The number of shares of stock is:	· de et l'accession de la company de la comp
20. TWENTY / 1000 Shaves PAR VALUE & ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	.20 FACH COMMON 2100
List name(s), address(es) and specific title(s): LILIAN LAURIE	
President.	76.0
31.11 N. MATANZAS AVE TAMPA FL 33607	FIL SECRETARY SECRETARY STEERED agent is:
ARTICLE VI REGISTERED AGENT	BS I
The name and Florida street address (P.O. Box NOT acceptable) of the regis	stered agent is
LILIAN LAURIE	
3111 North, MATANZAS AVE TAMPA, FL 33607	I: 22 STATI
ARTICLE VII INCORPORATOR)
The name and address of the Incorporator is:	
1 (1 (A A) - 2 (A) co. C	
3111 NORTH, MATANZIAS AVE	
TAMPA, FL 33607	•
• •	*******
Having been named as registered agent to accept service of process for the above stated corcertificate, I am familiar with and accept the appointment as registered agent and agree to act	poration at the place designated in this in this capacity
	JUNIO 26 7006
Signature/Registered Agent	Junio 26 7006 Date Junio 07, 2006 Date
Signature incorporator	Junto 07, 2006 Date