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(Reque	stor's Name)				
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(Busine	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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juncoast tomotive Lnc. **SUBJECT:**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

Filing Fee

Department of State Division of Corporations

Tallahassee, FL 32314

P. O. Box 6327

\$78.75 Filing Fee & Certificate of Status

\$78.75	\$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL CO	PY REQUIRED

SALVATORE L. CANCELLO Name (Printed or typed) FROM: 124 Augusta Mational Address Anderson SC 29621 City, State & Zip 706 · 244-4682 Daytime 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)

ARTICLE I NAME

The name of the corporation shall be:

Suncoost Automotive Group, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7/19 Morning Dove Loop Lakeland, FI 33809

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Sale of used $au^{1}ambha bas$

ARTICLE IV SHARES

The number of shares of stock is: 100 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Saluatore L. Cancello 124 Augusta National Anderson, SC 29621

Roberta tratz 7/19 Morning Dove Loop Lakeland, FJ 33809 vice President

Resident

ARTICLE VI REGISTERED AGENT

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

Roberta katz 7119 morning Dove Loop Lakeland, Fl 33809

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Saluctore L. Cancello 124 Augusta National

Anderson, SC 29621

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

	Raleita Nati
 Signature/Registered Age	ent Roberta, KAtz
Signature/Incorporator	Saluatore L. Concello

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA