

PO6000157270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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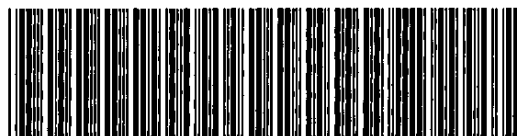
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C.L. 12-28

## COVER LETTER

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

SUBJECT: A A G, Inc.

(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  
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 COPY REQUIRED**

FROM: Robert Kane

Name (Printed or typed)

4 Idlewilde Drive

Address

Safety Harbor, FL 34695

City, State & Zip

727-791-4150

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 4, 2006

ROBERT KANE  
4 IDLEWILDE DR.  
SAFETY HARBOR, FL 34695

SUBJECT: AAG, INC.  
Ref. Number: W06000052368

We have received your document for AAG, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

*NEW NAME*  
Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

An effective date may be added to the Articles of Incorporation if a 2007 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

Please return the original and one copy of 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) 245-6047.

Carolyn Lewis  
Document Specialist  
New Filing Section

Letter Number: 706A00069449

**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:

TAMPA BAY AUTO EXCHANGE, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

4 Idlewilde Drive, Safety Harbor, FL 34695

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business activity.

**ARTICLE IV SHARES**

The number of shares of stock is:

1,000 Shares

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Robert Kane, 4 Idlewilde Drive, Safety Harbor, FL 34695

**ARTICLE VI REGISTERED AGENT**

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

Robert Kane, 4 Idlewilde Drive, Safety Harbor, FL 34695

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Robert Kane, 4 Idlewilde Drive, Safety Harbor, FL 34695

\*\*\*\*\*  
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

11/21/06

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

11/21/06

\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA