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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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05/18/07--01024--016 \*\*70.00

SECRETARY OF STATE

FILED

# **COVER LETTER**

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

SUBJECT: 2 PC	oints Autobody, Inc. (PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig  \$70.00  Filing Fee	rinal and one (1) copy of the art  \$78.75  Filing Fee  & Certificate of Status	\$78.75 Filing Fee & Certified Copy	d a check for:  \$87.50  Filing Fee,  Certified Copy
		ADDITIONAL CO	& Certificate of Status
FROM: R	odney Kahane	e (Printed or typed)	<del>, , , 'a-</del> .
,	4400 N Federal Hwy	Ste 210 Address	
	Boca Raton, FL 33431	, State & Zip	
	561-362-0181	Telenhone number	<del></del>

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)

FILED

# ARTICLE I NAME

·The name of the corporation shall be:

2 Points Autobody, Inc

07 MAY 18 AM 7: 41 SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

11127 LAKEAIR CIR BOCA RATON FL 33498

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any & all lawful business

# <u>ARTICLE IV SHARES</u>

The number of shares of stock is:

60 at par value

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Michael Mercado - President 11127 LAKEAIR CIR BOCA RATON FL 33498

Ricky Mercado - Vice President 11127 LAKEAIR CIR BOCA RATON FL 33498

## ARTICLE VI REGISTERED AGENT

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

Michael Mercado 11127 LAKEAIR CIR BOCA RATON FL 33498

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Rodney Kahane 4400 N Federal Hwy Ste 210 Boca Raton, FL 33431

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 ag	ent and agree to act in this capacity	
X Min Myel	5/17/07	
Signature/Registered Agent	Date	

Signature/Incorporator

<u>5/17/07</u>

Date