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SEGNEDAY OF STATE
TARRAGE



COVER LETTER

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

SUBJECT: Deale	er Service Menus Inc.		
Enclosed are an orig	(PROPOSED CORPOR	ATE NAME - MUST INCL	
□ \$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
FROM:		y L. Shrode ne (Printed or typed)	
	118 Blac	k Olive Crescent Address	
	Royal P	alm Beach, FL 334 y, State & Zip	111
		.351.9955	
	Duy wisk	v analystatio transfer	

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:

Dealer Service Menus Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

118 Black Olive Crescent Royal Palm Beach, FL 33411

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Providing Auto Dealer Service Menus

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Barry L. Shrode, President, 118 Black Olive Crescent Royal Palm Beach, 33411

Harvey Lustig, Vice President, 7888 New Holland Way Boynton Beach, FL 33437

Donna J. Shrode, Sect & Treasury, 118 Black Olive Crescent, Royal Palm Beach, FL 33411 07 001 -4 AM 9: 42

ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the regis	stered agent is:
Barry L. Shrode	
118 Black Olive Crescent	
Royal Palm Beach, FL 33411	
ARTICLE VIIINCORPORATOR	
The name and address of the Incorporator is:	
Barry L. Shrode	
118 Black Olive Crescent	
Royal Palm Beach, FL 33411	
*****************	*******
Having been named as registered agent to accept service of process for the above stated co certificate, I am familiar with and accept the appointment as registered agent and agree to ac	rporation at the place designated in thi 1 in this capacity
B. 182	10.2.07
Signature/Registered Agent	Date
By 78	10.2.07
Signature/Incorporator	Date

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SECRETARY OF STATE
TALL SHASSEE FIREME