•				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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07/28/08--01007--007 **78.75

Office Use Only

COVER LETTER

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

SUBJECT: MIAMIS	STYLE AUTOS INC (PROPOSED CORPOR	ATE NAME – <u>MUST INC</u> I	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	a check for:
\$70.00	☑ \$78.75	\$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
J	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL CO	PPY REQUIRED
FROM: MI	AMI STYLE AUTOS INC	e (Printed or typed)	
	Taur	(Times of types)	
	E20 MACON AVE		
	530 MASON AVE	Address	
	DAYTONA BEACH,FL 32117		
		y, State & Zip	
,	•	• •	
	386-566-9009		
		Telephone number	

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



July 28, 2008

MIAMI STYLE AUTOS INC 530 MASON AVE DAYTONA BEACH, FL 32117

SUBJECT: MIAMI STYLE AUTOS INC

Ref. Number: W08000035461

We have received your document for MIAMI STYLE AUTOS 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):

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the corrected 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) 245-6052.

Letter Number: 908A00043448

Paisley A Alford Clerk New Filing Section

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:

MIAMI STYLE AUTOS INC

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 530 MASON AVE, DAYTONA BEACH,FL 32117

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: "PROFESSIONAL CORPORATION"

ARTICLE IV SHARES

The number of shares of stock is:

<u> ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS</u>

List name(s), address(es) and specific title(s): KERRY R LYNCH (PRES) 120 BOTEFUHR AVE DAYTONA BEACH,FL.32118-8102 JOESPH KMAID (VP) 1500 BEVILLE RD DAYTONA BEACH,FL.32114

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: LESTER P LOVELESS

3769 LONG GROVE LN PORT ORANGE, FL. 32129

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: JOESPH KMAID 1500 BEVILLE RD DAYTONA BEACH,FL.32114

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

Signature/Incorporator

8/2/08

SECRETARY OF STATE DIVISION OF CORPORATION