

P0800011/445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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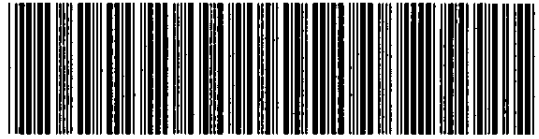
(Business Entity Name)

(Document Number)

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*Handwritten signature*

## COVER LETTER

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

SUBJECT: Southeast Salvage & Performance 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: Doyen Brown  
Name (Printed or typed)

273 NW 80th Ave  
Address

Margate FL 33063  
City, State & Zip

954-993-9587  
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: Southeast Salvage & Performance Inc.

**ARTICLE II      PRINCIPAL OFFICE**

The principal street address and mailing address, if different is: 273 NW 80th Ave  
Margate, FL 33063

**ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is: Retail Sales

**ARTICLE IV      SHARES**

The number of shares of stock is: 100

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

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

Cody Novak  
6017 Portsdale Pl #102  
Riverview, FL 33578

Doyen Brown  
273 NW 80th Ave  
Margate, FL 33063

**ARTICLE VI      REGISTERED AGENT**

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

Cody Novak  
6017 Portsdale Pl #102  
Riverview, FL 33578

**ARTICLE VII      INCORPORATOR**

The name and address of the Incorporator is:

Doyen Brown  
273 NW 80th Ave  
Margate, FL 33063

\*\*\*\*\*

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

Cody Novak

Signature/Registered Agent

[Signature]

Signature/Incorporator

12/24/08  
Date

12/24/08  
Date

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CLERK OF STATE  
TALLAHASSEE, FLORIDA