

PO9000009382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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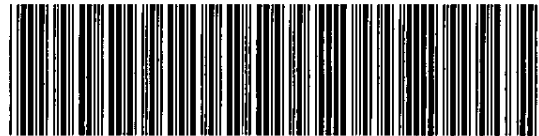
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*Handwritten signature*

## COVER LETTER

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

**SUBJECT:** National Auto Consultants 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:** Daniel C. Lovett

Name (Printed or typed)

47 Lake View Dr. W.

Address

Ocala, FL 34482

City, State & Zip

352-895-5255 / E-MAIL NACDANIEL@YAHOO.COM

Daytime Telephone number

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

Date: 12/31/08

To: Whom it may concern

I Daniel C. Lovett never wish or intend to revoke the Dissolution of National Auto Consultants Corp. Document # P07000009137. And release the name for use.

Please call me @ 352-895-5255 if you need any further information.

 12/31/08  
Daniel C. Lovett / Shareholder / P, D

## 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:

NATIONAL AUTO CONSULTANTS INC.

### **ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

47 LAKE VIEW DR W  
OCALA, FL 34482

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

### **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):

TITLE: P,D  
DANIEL C LOVETT  
47 LAKE VIEW DR W  
OCALA, FL 34482

### **ARTICLE VI REGISTERED AGENT**

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

DANIEL C. LOVETT  
47 LAKE VIEW DR W  
OCALA, FL 34482

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

DANIEL C. LOVETT  
47 LAKE VIEW DR W  
OCALA, FL 34482

\*\*\*\*\*

*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

01/14/09

\_\_\_\_\_  
Date

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

01/14/09

\_\_\_\_\_  
Date

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