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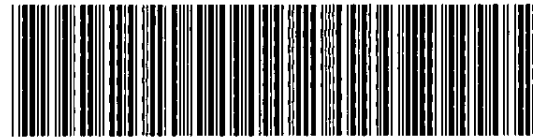
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VH

# TRANSMITTAL LETTER

21 April 2009

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: **Automotive Refinish Consulting, Inc.**

Enclosed is an original (and one (1) copy\*) of the articles of incorporation of the above referenced entity and an check for:

\_\_\_\_\_ \$70.00 Filing Fee

\_\_\_\_\_ \$122.50 Filing Fee & Cert. Copy\*

\_\_\_\_\_ \$78.75 Filing Fee & Certificate

\_\_\_\_\_ \$131.25 Filing Fee, Cert. Copy & Certificate\*

*\*Additional Copy of Articles Required*

Thank you in advance for your cooperation in this matter. Please address all correspondence and questions to:

Henry J. Gureski  
9900 111th Lane North  
Seminole, FL 33772  
Tele. 727-224-4943

# ARTICLES OF INCORPORATION

*The undersigned incorporator, for the purpose of forming a corporation under the Florida business Corporation Act, hereby adopts the following Articles of Incorporation.*

## ARTICLE I: NAME

The name of the corporation shall be:

**Automotive Refinish Consulting, Inc.**

## ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**9900 111th Lane North Seminole, Fl 33772**

## ARTICLE III: SHARES

The number of shares of stock authorized to be outstanding at one time is:

**1,000**

## ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS

**Henry J. Gureski 9900 111th Lane North Seminole, Fl 33772**

## ARTICLE V: INCORPORATOR

**Henry J. Gureski 9900 111th Lane North Seminole, Fl 33772**

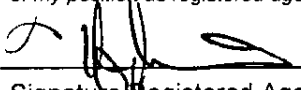
## ARTICLE VI: EFFECTIVE DATE

The effective date of these filings shall be: **Upon Receipt**

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

5-4-09  
\_\_\_\_\_  
Date

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
\_\_\_\_\_  
Signature Registered Agent

5-4-09  
\_\_\_\_\_  
Date

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AND  
FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA