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2011 JAN -4 PM 1:46  
SECURE FILING  
TALLAHASSEE, FLORIDA

J. Shivers JAN 05 2011

## COVER LETTER

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

**SUBJECT:** PROFESSIONAL AUTOMOTIVE MANAGEMENT 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:** MATTHEW J WAHNON  
Name (Printed or typed)

2754 N UNIVERSITY DR  
Address

CORAL SPRINGS, FL 33065  
City, State & Zip

800-768-6582  
Daytime Telephone number

mattw@internetsalesresults.com  
E-mail address: (to be used for future annual report notification)

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

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

**PROFESSIONAL AUTOMOTIVE MANAGEMENT INC.**

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2754 N UNIVERSITY DR  
CORAL SPRINGS, FL 33065

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The nature of the business and the purposes to be transacted are to engage in and to have unlimited power to do any lawful act concerning any and all lawful business for which corporations may be incorporated under the provisions of the Florida corporation law.

**ARTICLE IV SHARES** 10,000

The number of shares of stock is:

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

Name and Title: MATTHEW J WAHNON, PRES  
Address: 2512 NW 79TH AV  
MARGATE FL 33063

Name and Title: JEFFREY G RATUSHNY, VP  
Address: 5045 NW 112TH WAY  
CORAL SPRINGS, FL 33076

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: MATTHEW J WAHNON  
Address: 2754 N UNIVERSITY DR  
CORAL SPRINGS, FL 33065

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MATTHEW J WAHNON  
Address: 2754 N UNIVERSITY DR  
CORAL SPRINGS, FL 33065

**ARTICLE VIII- EFFECTIVE DATE** - The effective date shall be January 2, 2011.

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



Required Signature/Registered Agent

12-30-10  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

12-30-10  
Date

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