

P11000050890

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

a/47179

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000141444 3)))



H110001414443ABCJ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

2011 MAY 27 AM 11:02

SECRETARY OF STATE
DIVISION OF CORPORATIONS

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

motorworks of south florida, inc

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAY 27 PM 4:36

RECEIVED

Electronic Filing Menu

Corporate Filing Menu

Help

<https://efile.sunbiz.org/scripts/efilcovr.exe>

5/27/2011

H11000141444

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Professionals)

SECRETARY OF STATE
DIVISION OF CORPORATION

ARTICLE I NAME MOTORWORKS OF SOUTH FLORIDA, INC
The name of the corporation shall be: 2011 MAY 27 AM 11:03

ARTICLE II PRINCIPAL OFFICE

Principal street address
5981 FUNSTON ST A-3
HOLLYWOOD, FL 33023

Mailing address, if different is:

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

Name and Title: PRESIDENT/CHERYL ANN CUTLER	Name and Title: _____
Address: 5981 FUNSTON ST A-3	Address: _____
HOLLYWOOD, FL 33023	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: CHERYL ANN CUTLER
Address: 5981 FUNSTON ST A-3
HOLLYWOOD, FL 33023

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CHERYL ANN CUTLER
Address: 5981 FUNSTON ST A-3
HOLLYWOOD, FL 33023

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

5-26-11

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

5-26-11

Date

H11000141444