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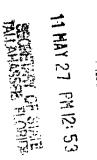
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COVER LETTER

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

SUBJECT: C.A. V. CONS	plete Auto Service Ture NAME-MUST INCLUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: Albox-to Name	Printed or typed)
· 8655 Saddle	brook Circle 48308
Uaples, City, S	4. 34104. State & Zip
	00 - 2997.
E-mail address: (to be used	for future annual report notification)

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: CAY Complet	te Auto Source Ive.	
Principal office Principal street address 5055 (solden Coale Ray #13 VAples, 71. 34116	Mailing address if different is:	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:		
ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR Name and Title: Al box to Loon Press. Address: 8655 Found to box to Loon Press. Alphes 21-34104	Name and Title:	
Name and Title: Address:	Name and Title:	
Name and Title: Address:		
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box NOT acceptable) of Name: Address: Addr		
ARTICLE VII INCORPORATOR		164
The name and address of the Incorporator is: Name: Address: 8655 Saddle hank. Laples 21-34104	10 mg 170	E.
Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as regi	s for the above stated corporation at the place designated in sistered agent and agree to act in this capacity	
	ا براء ما	
Required Signature/Registered Agent	<u> </u>	
	Date	
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felony	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.	
	ミハていかい	

Required Signature/Incorporator