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SECRETARY OF STALE
DIVISION OF CORPORATIONS

Ps 6/21/11

COVER LETTER

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

SUBJECT: Kim's Cars, Inc.		
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL C	OPY REQUIRED
FROM: Kimberly Crews Name	(Printed or typed)	
4121 NE 15th Ave	Address	
Cape Coral, FL 33909		
239-699-6017 Daytime Te	elephone number	
kecrews74@aol.com E-mail address: (to be used	l 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 The name of the co	NAME Kim's Cars, Inc		
	PRINCIPAL OFFICE		
	Principal street address		Mailing address, if different is:
	121 NE 15th Ave	<u> </u>	,
Ω	ape Coral, FL 33909		
ARTICLE III			
The purpose for wheel Florida Corpo	hich the corporation is organized is: pration		
ARTICLE IV The number of shar			
ADTICLE II	INITIAL OFFICERS AND/OR DIREC	TO DO	
	tle:Michael Runk, Vice Pres, Treas		le:Kimberly Crews Pres Sec
Address:	4121 NE 15th Ave	Address:	4121 NE 15th Ave
	Cape Coral, FL 33909		Cape Coral, FL 33909
Name and Ti	tle:	Name and Tit	·····
Address:	inc.		
31 100			. ISEC
	tle:		7. 400
Address:	41.44		- FF - G
4 D. W. C. L. T. W.			OF STATE OR AM 11: 02
	REGISTERED AGENT	la) aftha maistanail ag	
Name:	rida street address (P.O. Box NOT acceptab Kimberly Crews		gent is:
Address:	4121 NF 15th Ave		20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
110010001	Cape Coral, Fl 33909		CO CO
	Mpc Corai, I - Maco	· · · · · · · · · · · · · · · · · · ·	
ARTICLE VII	<u>INCORPORATOR</u>		
	ress of the Incorporator is:		
Name:	Kimberly Crews		
Address:	4121 NE 15th Ave		
	Cape Coral, FL 33909		
	d as registered agent to accept service of pr n familiar with and accept the appointment a		stated corporation at the place designated in dagree to act in this capacity
Tille	8		(0/17/4)
1	Required Signature/Registered Agent		Date
	nent and affirm that the facts stated herein partment of State constitutes a third degree f		re that the false information submitted in a in s.817.155, F.S.
97(1011.)X		(0//7///
1/0000	Required Signature/Incorporator		Date