

P11000060902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

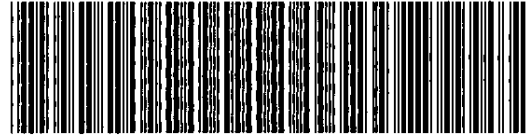
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2011 JUL -1 AM 10:06

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2011 JUL 05 2011

**COVER LETTER**

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

**SUBJECT: American Auto Service, Inc**  
**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input checked="" type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>			

FROM: Joseph L. Hitts  
Name (Printed or typed)

8696 W Halls River Rd  
Address

Homosassa, FL 34448  
City, State & Zip

352-621-0242  
Daytime Telephone number

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FL 32310-0197  
2011 JUL - 1 AM 10:06  
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**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** American Auto Service, Inc  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address: 8696 W Halls River Rd  
Address: Homosassa, FL 34448  
Mailing address, if different is:

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
Auto Repair

**ARTICLE IV SHARES**  
The number of shares of stock is: 10,000

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

Name and Title: <u>Joseph L. Hitts / President</u>	Name and Title: _____
Address: <u>11345 S Mary Ellen Terr</u>	Address: _____
<u>Homosassa, FL 34448</u>	_____
_____	_____
Name and Title: <u>Lisa Morris / V. Pres</u>	Name and Title: _____
Address: <u>11345 S Mary Ellen Terr</u>	Address: _____
<u>Homosassa, FL 34448</u>	_____
_____	_____
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: Joseph L. Hitts / President  
Address: 11345 S Mary Ellen Terr  
Homosassa, FL 34448

**ARTICLE VII INCORPORATOR**  
The name and address of the Incorporator is:  
Name: Joseph L. Hitts  
Address: 11345 S Mary Ellen Terr  
Homosassa, FL 34448

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 ~~in~~ in full and complete acceptance of the appointment as registered agent and agree to act in this capacity

[Signature] Required Signature/Registered Agent 6-28-2011 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.

[Signature] Required Signature/Incorporator 6-28-2011 Date

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA