

P11000060902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

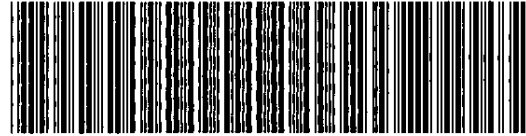
(Business Entity Name)

(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 |
| ADDITIONAL COPY REQUIRED | | | |

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)

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

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TALLAHASSEE, FL 32314
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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

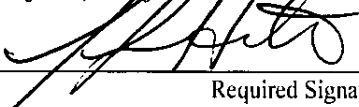
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | |
|--|-----------------------|
| 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: _____ |
| _____ | _____ |
| _____ | _____ |

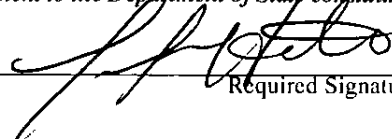
ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: Joseph L. Hitts / President
Address: 11345 S Mary Ellen Terr
Homosassa, FL 34448

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

 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.

 Required Signature/Incorporator 6-28-2011 Date

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TALLAHASSEE, FLORIDA