

211000076767Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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

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
AUTOBAHN MOTOR WORKS OF SOUTH FLORIDA, INC

Certificate of Status	0
Certified Copy	1
Page Count	02
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Corporate Filing Menu

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August 29, 2011

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EMPIRE CORPORATE KIT COMPANY

SUBJECT: AUTORAEN MOTOR WORKS OF SOUTH FLORIDA, INC
REF: W11000044742

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain both the street address of the principal office and the mailing address of the entity.

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Claretha Golden
Regulatory Specialist II
New Filing Section

FAX Aud. #: H11000212861
Letter Number: 011A00020103

P.O. BOX 6327 - Tallahassee, Florida 32314

H11000212861

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: **AUTOBAHN MOTOR WORKS OF SOUTH FLORIDA, INC**

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-BARRY SCOTT STERN	Name and Title: _____
Address: 10661 SANTA LAGUNA DR.	Address: _____
BOCA RATON, FL 33428	_____

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:

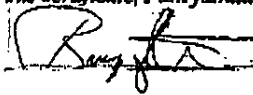
Name: **BARRY SCOTT STERN**
Address: **10661 SANTA LAGUNA DR.**
BOCA RATON, FL 33428

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

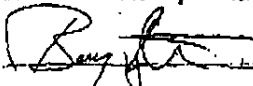
Name: **BARRY SCOTT STERN**
Address: **10661 SANTA LAGUNA DR.**
BOCA RATON, FL 33428

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

08-26-11
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

08-26-11
Date

H11000212861