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SECRETARY OF STATE.

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COVER LETTER

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

Bataber 5, 2011

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Tallanassee, FL 32314	•
SUBJECT: Green Vehicle (PROPOSED CORPORA	Centers, INC.
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the arti	icles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy Certified Copy
	& Certificate of Status ADDITIONAL COPY REQUIRED
FROM: Nicholas P	Ponteleone
P.O. Box Z	Posteleove (Printed or typed)
,	Address H 33427 State & Zip
	State & Zip 19.2553 elephone number
Daytime T	elephone number
MILL MONTELEONE	⊕ ATT · n∈T d for future annual report notification)
	d for future annual report notification) riginal and one copy of the articles.
	TO MESCACO CON A FEET V.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be:	reen Vehicle	Centers INC.	
ARTICLE II PRINCIPAL OFFICE	******		
Principal street add	tress	Mailing address	, if different is:
3406 S.W. 26	14 Terrow - C-10	P.O. Box 2	72585
Davia Beach F		BOCAPATEA	FL 33427
ARTICLE III PURPOSE			
The purpose for which the corporation is or	-		
Any and a	All business /Jul	fully allowed	
ARTICLE IV SHARES The number of shares of stock is:	1,000		
ARTICLE V INITIAL OFFICERS	AND/OR DIRECTORS	ame and Title: Preside	+ + Director
Name and Title: NEAULAS Address: POBOX 27	MONTELEONE N	ame and Title:	WL Y WHEYUI
BOCA RATON	FL 33427		
Oder at a second	170, 17-10	, Director	
Name and Title: MMELA MON Address: POBEX 272.5		and and Title.	······
BOCAANTON	FL 33427		
<u></u>			
Name and Title:Address:		lame and Title:	
	···		
		<u></u>	
The name and Florida street address (P.O.		registered egent is:	∆ F\b
Name: NICHOLAS	IONTELE CONE	registered agent is.	⇒ ¥8
Address: 3406 5W	BL 22210	-10	S 55.8
	1-33/4		一 号文
ARTICLE VII INCORPORATOR The name and address of the Incorporator is	مدوده شد. موسود ا		7 CORCE
Name: A/ICHICLAS 41	NOTELEONE 2020		POR S
BOCA RATON	FL 33427		
Having been named as registered agent to	accept service of process for	r the above stated corporation	n at the place designated in
this certificate, I am familiar with and accep	t the appointment as register	ed agent and agree to act in t	his capacity
lich to Morelan	NICHOLAS MONT	FIENE	10-5-11
Required Signatu	rc/Registered Agent		Date
I submit this document and affirm that the	e facts stated herein are true	e. I am aware that the false	information submitted in a
document to the Department of State constit	utes a third degree felony as	provided for in s.817.155, F.S	S.
hille Morrelans	NICHOLNE MA	UTF I FRUE	10-5-11
Required Signa	WICHOLAS HOUTH	TIP LULTUS	Date