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(Requestor's Name)				
(Address)				
(Address)				
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PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

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

SUBJECT: GO PRO AUTO, INC.		
(PROPOSED CORPORAT	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	eles of incorporation and	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
	ADDITIONAL CO	OPY REQUIRED
FROM: Joseph T. Andrito	(Printed or typed)	
6855 SW Woodham St.		
Palm Citv. FL	ddress State & Zip	
1-239-850-7467	elephone number	
jtandrito@gmail.com E-mail address: (to be used	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)

SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I			Division of the same
The name of the o	corporation shall be:		12 AUG -2 PM 2: 12
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailin	g address, if different is:
	6855 SW Woodham St.	<u> </u>	
	Palm City, FL 34990	·	
	PYDDOGE		
ARTICLE III			
	which the corporation is organized is: automotive services.		
ARTICLE IV			
The number of sh	nares of stock is:100		
ADDIOLE II	INTERIAL OFFICERS AND/OR DIDECTOR	-c	
	INITIAL OFFICERS AND/OR DIRECTOR Title: Joseph Timothy Andrito, President		
Address:	6855 SW Woodham St	Name and Tric	
Address.	Palm City, FL 34990		
	Failli City, FL 34990		
	Title: Amanda Elbrecht Andrito, Vice Presiden	t Name and Title:	
Address:	6855 SW Woodham St		
	Palm City, FL 34990		
Name and '	Title:	_ Name and Title:	
Address:		Address:	
		-	
			•
	REGISTERED AGENT		
	lorida street address (P.O. Box NOT acceptable) o		
Name:	Joseph Timothy Andrito		
Address:	6855 SW Woodham St	_	
	Palm City, Fl	_	•
ARTICLE VII	INCORPORATOR		
The name and a	ddress of the Incorporator is:		
Name:	Joseph Timothy Andrito	_	
Address:	6855 SW Woodham St	_ -	·
	Palm City, FL	_	
Havina haan nas	med as registered agent to accept service of proces	ss for the above stated co	rnoration at the place designated it
	am familiar with and accept the appointment as reg		
			07/31/2012
LAND	Required Signature/Registered Agent	-	Date
	. •		
	cument and affirm that the facts stated herein ar		
document to the	Department of State constitutes a third destree felor	ny as provided for in s.817	7.155, F.S.
			07/04/07/7
1 Sar	/////\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		07/31/2012
	Required Signature/Incorporator		Date