P12000097194

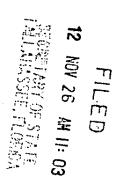
(Re	equestor's Name)			
(Ad	dress)			
(Ad	ldress)			
(Cil	ty/State/Zip/Phone	; #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
		ļ		

Office Use Only



300242076533

11/26/12--01022--005 **87.50



COVER LETTER

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

SUBJECT: CONGERS AUTOMOTIVE, INC.						
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCI</u>	LUDE SUFFIX)			
Enclosed are an	original and one (1) copy of the ar	ticles of incorporation and	d a check for:			
\$70.00 Filing Fe	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status			
		ADDITIONAL CO	OPY REQUIRED			
	·					
FROM:	CHARLES CONGERS	ne (Printed or typed)				
	1014 W BRANDON E	BLVD Address				
	BRANDON, FL 335	11 , State & Zip				
	813-681-8000 Daytime	Telephone number				
-	CHRISTINAVLR@ac E-mail address: (to be use	ol.com ed 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)

	IAME	CONGERS A	.UTOMOTIVE, IN	IC.	FILED	
The name of the corp	oration shall be:			12	NOV 26 AM II:	กร
ARTICLE II P	RINCIPAL OFFI			•		
41	Principal street			Mailing address,	ifdifferentisof STA ILAHASSEE, FLOX	i E
	014 W BRANDO BRANDON, FL.:		<u>-</u>	1/4.	ilahassee, Flor	1112
<u></u>	DIMINUSIN, EL	333 [1				
		·		_	•	
The purpose for which		e organized is:				
			d truck repair sho	op.		
	, por a					
	HARES	_				,
The number of shares	of stock is: 100	ט				
ARTICLE V I	NITIAL OFFICE	RS AND/OR DIR	ECTORS			
	: CHARLES CO	NGERS, PRES	SIDENT Name and	Title:		
Address:			Address:			
	BRANDON,	FL 3351				···-
						_
Name and Title	<u> </u>		Name and 1	Γitle:		
Address:			Address:		<u></u>	
		• • • • • • • • • • • • • • • • • • •				
			· •			
Name and Title			Name and `	litle:		
Address:			Address:			
					···-	
ARTICLE VI R						
The <u>name and Florio</u>	da street address (P	O. Box NOT accep	otable) of the registered	agent is:		
Address:		CONGERS RANDON BLVI				
Addiess.		V FL 33511	_			
	NCORPORATOR					
The <u>name and addre</u> Name:		CONGERS				
Address:		RANDON BLVI	<u> </u>			
		N. FL 33511				
Haning been named	as manietaned assess	to accent semice o	f process for the abov	a stated competion	at the place designat	ed in
this certificate. I am	us regisiereu ugeni f ordil iar with and ad	cept the appointme	nt as registered agent o	e stateu corporation and agree to act in th	is capacity	
				•		
(/1/				<i>_</i>	10-26-12	_0
-	Required Sign	nature/Registered Ag	gent		Date	
I au built thin do	and and affirm the	the facts stated to	rein are true. I am a	vare that the false i	nformation submitted	l in a
documentarthe DGA	ent and affirm that artment of State co	- me jucis siuteu ne istitutes a third deoi	rein are irue. I am av ree felony as provided j	for in s.817.155. F.S.		16
we we bep	7		,, , , ,			1
1 11			4	1	/0-26 - 1) Date	
t	Required S	gnature/Incorporat	or		Date	