

P13000014687

(Requestor's Name)

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(City/State/Zip/Phone #)

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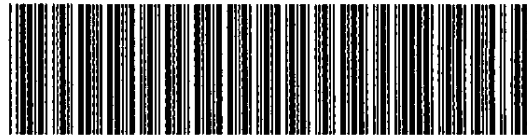
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

MRS
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COVER LETTER

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

SUBJECT: ELITE AUTO SPECIALISTS, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00

Filing Fee

☒ \$78.75

Filing Fee
& Certificate of Status

☐ \$78.75

Filing Fee
& Certified Copy

☐ \$87.50

Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: CARRI NORRIS, CPA
Name (Printed or typed)

28 S. WASHINGTON ST., STE. 201
Address

OXFORD, MI 48371
City, State & Zip

(248) 236-0754
Daytime Telephone number

CARRI @ NORRISCPAPLLC.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)

ARTICLE I NAME

The name of the corporation shall be: ELITE AUTO SPECIALISTS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6710 BEACH RESORT DR. #2
NAPLES, FL 34114

P.O. BOX 378
OXFORD, MI 48371

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SERVICE BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: rick morris (PRESIDENT) Name and Title: _____

Address 6710 BEACH RESORT DR. Address: _____
NAPLES, FL 34114

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FLORIDA

(conti.)

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: RICK NORRIS

Address: 6710 BEACH RESORT DR. #2
NAPLES, FL 34114

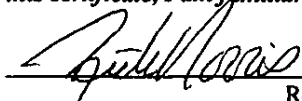
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CARRI NORRIS, CPA

Address: 28 S. WASHINGTON ST., STE. 201
OXFORD, MI 48371

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

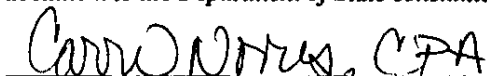


Required Signature/Registered Agent

2-7-13

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

2-7-13

Date