

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000034861 3)))



H130000348613ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
13 FEB 13 AM 10:01

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
M10 MOTORS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

<https://efile.sunbiz.org/scripts/efilcovr.exe>

Ps 2/14/13

RECEIVED
13 FEB 13 PM 2:20
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 FEB 13 AM 10:01

ARTICLE I NAME
The name of the corporation shall be: M10 MOTORS, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

28450 Lorain Road
North Olmsted, Ohio 44070

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Automobile sales and service

ARTICLE IV SHARES
The number of shares of stock is: 1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

(cont.)

13 FEB 13 AM 10:01

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: CT Corporation System
Address: 1200 South Pine Island Road
Plantation, Florida 33324

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Bernardo F. Moreno
Address: 28450 Lorain Road
North Olmsted, OH 44070

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

Diana Stout Diana Stout, Asst. Secretary
Required Signature/Registered Agent

02/12/2013
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.

Bernardo F. Moreno Required Signature/Incorporator

02/12/2013
Date