## P1300008/51/

| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
|   |  |  |  |  |  |
| ·                                       |  |  |  |  |  |
|   |  |  |  |  |  |

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13 OCT 3 PH 1: 14

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CCETARY OF STATE

## **COVER LETTER**

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

| SUBJECT: Auto        | o Enterprises Inc                            | <b>).</b>  |  |
|----------------------|--|--|--|
|                      | (PROPOSED CORPOR                             | TE NAME – MUST INCL                                | UDE SUFFIX)  |
| Enclosed are an orig | inal and one (1) copy of the ar              | ticles of incorporation and                        | d a check for:   |
| \$70.00 Filing Fee   | □ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate o Status PPY REQUIRED |
| ером. Н              | ope A. Darity Wi                             | Iliams   |  |
| FROM:                |  | e (Printed or typed)                               |  |
| 73                   | 342 Atlantic Blvd                            |  |  |
|                      |  | Address  |  |
| <u>J</u> á           | acksonville Florid                           |  |  |
| _                    | ·  | , State & Zip                                      |  |
| 90                   | 04 303-1312                                  |  |  |

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

autoenterprises7179@yahoo.com

E-mail address: (to be used for future annual report notification)

Jryo O. Fether

13 OCT -3 PM 1: 26
SECHETARY OF STATE
TALLAHASSEE FLORIDA

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

| ARTICLE II PRI  | NCIPAL OFFICE Principal street address  | Mail  | ling address, if different is: |
|---|---|---|--------------------------------|
| 7342 Atlantic   | Blvd.   |   |                                |
| Jacksonville l  | FI 32211  |   |                                |
|   |   | <del></del>   |                                |
| ARTICLE III PUF The purpose for which   | PPOSE the corporation is organized is: Any ar   | nd all lawful bu  | usiness                        |
|   |   |   | <u> </u>                       |
|   |   |   | E S T                          |
|   |   |   | SE 3                           |
|   |   |   | me <u>m</u>                    |
|   |   |   | PH 1: FLORI                    |
| ARTICLE IV SH   | ARES 1  |   | 0                              |
| <b>ARTICLE IV SH</b> The number of shares o   | ARES 1 f stock is:  |   | PM 1: 26 *STATE FLORIDA        |
| The number of shares o  | f stock is:   |   | PM 1: 26<br>STATE<br>FLORIDA   |
| The number of shares o  | f stock is:   |   | <i>&gt;</i>                    |
| The number of shares o  | f stock is:   |   | <i>&gt;</i>                    |
| The number of shares o  ARTICLE V IN  Name and Tit                                  | f stock is:   | nt Name and Title:  | <i>&gt;</i>                    |
| The number of shares o  ARTICLE V IN  Name and Tit                                  | f stock is:   | nt Name and Title:  | <i>&gt;</i>                    |
| The number of shares o  ARTICLE V IN  Name and Tit  Address                         | TIAL OFFICERS AND/OR DIRECTO  e: Hope A. Darity Williams Presider  7342 Atlantic Blvd.  Jacksonville Fl 32211 | nt Name and Title: Address:   |                                |
| The number of shares o  ARTICLE V IN  Name and Tit  Address  Name and Titl          | TIAL OFFICERS AND/OR DIRECTO  e: Hope A. Darity Williams Presider  7342 Atlantic Blvd.  Jacksonville Fl 32211 | Name and Title: Address:  Name and Title:   |                                |
| The number of shares o  ARTICLE V IN  Name and Tit  Address                         | TIAL OFFICERS AND/OR DIRECTO  e: Hope A. Darity Williams Presider  7342 Atlantic Blvd.  Jacksonville Fl 32211 | Name and Title: Address:  Name and Title:   |                                |
| The number of shares o  ARTICLE V IN  Name and Tit  Address  Name and Titl          | TIAL OFFICERS AND/OR DIRECTO  e: Hope A. Darity Williams Presider  7342 Atlantic Blvd.  Jacksonville Fl 32211 | Name and Title: Address:  Name and Title:   |                                |
| The number of shares o  ARTICLE V IN  Name and Tit  Address  Name and Titl          | TIAL OFFICERS AND/OR DIRECTO  e: Hope A. Darity Williams Presider  7342 Atlantic Blvd.  Jacksonville Fl 32211 | Name and Title: Address:  Name and Title:   |                                |
| The number of shares o  ARTICLE V IN  Name and Tit  Address  Name and Titl  Address | TIAL OFFICERS AND/OR DIRECTO  Hope A. Darity Williams Presider  7342 Atlantic Blvd.  Jacksonville Fl 32211    | Name and Title: Address: Name and Title: Address: Address:                        |                                |
| The number of shares o  ARTICLE V IN  Name and Tit  Address  Name and Titl  Address | TIAL OFFICERS AND/OR DIRECTO  e: Hope A. Darity Williams Presider  7342 Atlantic Blvd.  Jacksonville Fl 32211 | Name and Title: Address: Name and Title: Address: Name and Title: Name and Title: |                                |

| Name and  | Title:   | Name and Title:   |  |
|---|--|---|--|
| Address   |  | Address:  |  |
| ARTICLE VI  | REGISTERED AGENT   |   |  |
| The name and Flo                                    | orida street address (P.O. Box NOT acceptable) of  | f the registered agent is:  |  |
| Name:   | Ferdinand E Kelly  |   |  |
| Address:  | 7342 Atlantic Blvd   | 1 <b>13</b><br>   |  |
|   | JAX F1. 32211  | FIL<br>OCT -<br>AHASS   |  |
| ARTICLE VII   | INCORPORATOR   | S PR  |  |
| The name and ad                                     | dress of the Incorporator is:  | ORI +   |  |
| Name:   | Hope A.Darity Williams   | 2 <b>6</b>  |  |
| Address:  | 7342 Atlantic blvd.  | -   |  |
|   | Jacksonville FI 32211  | -   |  |
|   | ned as registered agent to accept service of process<br>am familiar with and accept the appointment as reg | , ,   |  |
| <del></del>   | Required Signature/Redistered Agent  | 10/3/2013   |  |
|   | Required Signature/Registered Agent  | Date  |  |
|   | ument and affirm that the facts stated herein are<br>Department of State constitutes a third degree felon  | true. I am aware that the false information submitted in a sy provided for in s.817.155, F.S. |  |
| Hope A Dant William Required Signature Ancorporator |  | 10/3/2013   |  |
|   |  | Date  |  |

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