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## **COVER LETTER**

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

SUBJECT:	Tuto Scans (PROPOSED CORPORA	& Program TENAME-MUST INCL	UDE SUFFINITY
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status
FROM:	Alven Al	len e (Printed or typed)	
<del></del>	655 Logan	_	<u> </u>
	Naples, FL. City,  720 - 270  Daytime T	- [[8]	
	alven_allen E-mail address: (to be use	@ Comcast. r	

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)

e name of the corporati	en shall be: Auto Sans	, & Pre	Gramming, Elnc.
	CIPAL OFFICE		
	Principal <u>street</u> address	IV	failing address, if different is:
- ()	n Blod. South		PER O
laples,	FL. 34119		702. 60
· · · · · · · · · · · · · · · · · · ·			<u> </u>
RTICLE III PURP	OSE e corporation is organized is:	ا توره	1 O TESTINE
			le automotive
Companie	ming automo	of repr	<del>Ogramming</del>
and scan	ming automo	tive co	imputer diptem
			, , , , , , , , , , , , , , , , , , , ,
	Alven Allen, Pusi		Molissa Allen, VicePres
Address	655 Logan Blud. S.		655 Logan Blod S.
	Naples, FL. 34119		Naples, FL. 34119
-	r (my see) / co ( m)	-	
-		. <u>-</u>	
Name and Title:_		Name and Title:	
Address _		_ Address: _	
		•	
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Name and Title			
		Name and Title:_	
Name and Title:_ Address		Name and Title:_	
		Name and Title:_ Address:	

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable)  Name:  Address:  Address:  Address:  ARTICLE VII INCORPORATOR	13 NOV 26 PH
	<b>२: 06</b> १: 08 १: 08।
The <u>name and address</u> of the Incorporator is:	
Name: Alven Allen Address: 655 Logan Blud S Maple, FL. 34119	iouth
Having been named as registered agent to accept service of proce this certificate, I am familiar with and accept the appointment as r	egistered agent and agree to act in this capacity
Alven Allen Required Signature/Registered Agent	21 Nov-2013 Date
I submit this document and affirm that the facts stated herein ar document to the Department of State constitutes a third degree feld	re true. I am aware that the false information submitted in a ony as provided for in s.817.155, F.S.  21 NW-2013
Alven Allen  Required Signature/Incorporator	Date

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