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.

(((H14000033131 3)))

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 : LAZARUS CORPORATE FILING SERVICE

Account Number : 120000000019

Phone

: (305)552~5973

Fax Number

: (305)220-1440

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 VANQUISH MOTORS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

February 11, 2014

FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE, Division of Corporations

SUBJECT: VANQUISH MOTORS, INC.

REF: W14000008966

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any further questions concerning your document, please call (850) 245-6052.

Maryanne Dickey Regulatory Specialist II New Filing Section FAX Aud. #: H14000033131 Letter Number: 014A00003112 12/24/2031 06:05

H14000033131

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

	ntion shall be: Vanguish		INC.	·	
ARTICLE II PRINCIPAL OFFICE Principal <u>street</u> address			Mailing address, if different is:		
1382 h	sest 2 Ave	_			
= Hatea	h fl. 33010	<u></u>			
					<u> </u>
ARTICLE III PUR The purpose for which	POSE the corporation is organized is:	Auto	Dealership	· · · ·	****
	<u> </u>	· - · · · · · · · · · · · · · · · · · ·	and the control of th	; ·	<u> </u>
		·		<u>-</u>	7. Ma
				•	
				<u> </u>	£.
·					
ARTICLE IV SH. The number of shares o	f stock is: 100				
The number of shares o		·	nd Title:		
The number of shares o	Suock is: 100 TIAL OFFICERS AND/OR DIRI	Widen Name a			
The number of shares of ARTICLE V INI	TIAL OFFICERS AND/OR DIRI	CSiden Name a			
The number of shares of ARTICLE V INI	TIAL OFFICERS AND/OR DIRI 10: LUNC Delago Pr 1882 W. 2 Aug	CSiden Name a			
The number of shares of ARTICLE V INI Name and Tit Address	TIAL OFFICERS AND/OR DIRI 10: Lanel Delagdo Pr 1082 W. 2 Aug Thaleah Pl 3301	Addres	ş:		
The number of shares of ARTICLE V INI Name and Tit Address	TIAL OFFICERS AND/OR DIRI 10: LUNC Delago Pr 1882 W. 2 Aug	Addres Name a	s: und Title:		
The number of shares of ARTICLE V INI Name and Tit. Address Name and Title	TIAL OFFICERS AND/OR DIRI 10: Lanel Delagdo Pr 1882 W. 2 Aug Thaleth Pl 3301	Addres Name a	s: und Title:		
The number of shares of ARTICLE V INI Name and Tit. Address Name and Title	TIAL OFFICERS AND/OR DIRI 10: Lanel Delagdo Pr 1882 W. 2 Aug Thaleth Pl 3301	Addres Name a	s: und Title:		
The number of shares of ARTICLE V INI Name and Tit. Address Name and Tit. Address	TIAL OFFICERS AND/OR DIRI 10: Lanel Delagdo Pr 1382 W. 2 Aug Thaleah Pl 3301	Addres Name a Addres Addres	s: und Title:		
The number of shares of ARTICLE V INI Name and Tit Address Name and Titl Address	TIAL OFFICERS AND/OR DIRI 10: Lanel Delagdo Pr 1082 iv. 2 Ave Thaleah Pl 3301	Addres Name a Name a	s:sid Title:sid Title:		
The number of shares of ARTICLE V INI Name and Tit. Address Name and Tit. Address	TIAL OFFICERS AND/OR DIRI 10: Lanel Delagdo Pr 1382 W. 2 Aug Thaleah Pl 3301	Addres Name a Name a	s:sid Title:sid Title:		

(Contr. -

H14000.033131

Name and Ti	tle:	Name and Title:	
4.ddress		Address;	
\$		-	7.004
		- <u> </u>	5 1
	EGISTERED AGENT la street address (P.O. Box NOT acceptable) o	f the registered agent is:	5
Name:	Lanel Delgado	-);
Address: _	1382 West 7 AVE	-	20 AB 11:
_	Haleah Fl 33010	-	203 · 4F
ARTICLE VII : II	ICORPORATOR		•
The name and addre	ss of the Incorporator is:		
Name:	Lanel Delgado	_	
Address:	1362 W 2 Ave	-	
	Higlegh Fl. 3701	Ç	
Having been named this certificate. I am	as registered agent to accept service of process familiar with and accept the appaintment as rej	s for the above stated corporatio gistered agent and agree to act in	n at the place designated is this capacity
	Gald		2/10/14
	Required Signature/Registered Agent		Date
l submit this docume document to the Dep	ent and affirm that the facts stated herein are artment of State constitutes a third degree felor	true. I am aware that the false ly as provided for in s.817,155, F	information submitted in a
	The I		2/10/14 Date
•	Required Signature/Incorporator		Date