P14000068026

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

Office Use Only



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COVER LETTER

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

SUBJECT:		uto Sales, 1			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l a check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	& Certificate of Status		
		ADDITIONAL CO	OPY REQUIRED		
FROM:	Ronald And	Y (WC			
		(Printed or typed)			
2075 Hedgerow Circle JAddress					
		L 34761			
City, State & Zip					
	407 921 8061				
	Daytime Telephone number				
	F-mail address: (to be used for future annual/report notification)				
	r-maii address: do de lise	o for future annual/report	HOURICAUDII)		

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)

The name of the corpo	AME oration shall be:	BavaRian	Auto Sa	iles Inc	
	RINCIPAL OFFICE Principal street	address		Mailing ad	dress, if different is:
2075 Hed	gerow Circl	e			
Dooce	FL 3476			<u></u>	
ARTICLE III PU The purpose for whic	TRPOSE h the corporation is	organized is: An	and all	lawful	business
The number of shares ARTICLE V IN	ITIAL OFFICER	000 sand/or direct		i t la:	
Address	2075 H	cdgerow Circ FL 34761			7
Name and Tit	:le:		Name and T	itle:	
Address					
Name and Tit				itle:	
Address					

Name ar	nd Title:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT		
The <u>name and F</u>	lorida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Evelyn Erans		
Address:	2075 Hedgerow Circle	_	
	Ocoee FL 34761		II.
		-	7 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
ARTICLE VII	INCORPORATOR		
The name and a	ddress of the Incorporator is:		
Name:	Ronald Andrews		MI II: 2:
Address:	2075 Hedgerow Circle	-	27 5A
	Ococe FL 34761		
Having been nar this certificate, I	med as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stated corpordistered agent and agree to a	ation at the place designated in ct in this capacity
	The Tank		d/1/111
	Required Signature/Registered Agent		
I submit this doc document to the	cument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the fa y as provided for in s.817.15	dse information submitted in a 5, F.S.
	Required Signature/Incorporator		8/6/14
	required Signature/incorporator		Date