

P16000032227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

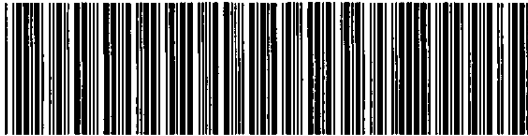
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
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16 APR 2016 PM 2:53

04/12/16

COVER LETTER

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

SUBJECT: American Auto Bond Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Dixie Lorane Dickerson - Jones
Name (Printed or typed)

590 Howard Rd
Address

Ataburndale FL 33823
City, State & Zip

863-3256224
Daytime Telephone number

foxtownsouth@gmail.com
E-mail address: (to be used for future annual report notification)

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)

ARTICLE I NAME

The name of the corporation shall be: American Auto Bond Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address Mailing address, if different is: President

Dixie Lorane Dickerson-Jones

590 Howard Rd Auburndale, FL

33823

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To do imogilatziow for DWI Also Title Work for different Car lots

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jeremiah R Pedone Name and Title: Trestare

Address: 108 Hales Rd Address: Auburndale FL 33823

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

FILED IN STATE OFFICE

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: Dixie Loraine Dickerson-Jones President
 Address: 590 Howard Rd
Auburndale FL 33823

APR 16 10 21 AM '00
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dixie Loraine Dickerson-Jones
 Address: 590 Howard Rd
Auburndale FL
33823

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Dixie Loraine Dickerson-Jones
 Required Signature/Registered Agent

April 3-16
 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.

Dixie Loraine Dickerson-Jones
 Required Signature/Incorporator

April 3-16
 Date