P 10000366625

| (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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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

| L. H | I. Brown European Motorcars, Ic | RATE NAME – <u>MUST INCL</u> | TINE CHEETY | |
|-----------------------------|------------------------------------|--|-------------------------|--|
| | (PROPOSED CORPOR | ATE NAME – <u>MUST INCL</u> | UDE SUFFIX) | |
| Enclosed are an | original and one (1) copy of the a | rticles of incorporation and | d a check for: | |
| \$70.0 Filing Fe | | □ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | & Certificate of Status | |
| FROM: | Taisha N Walker | me (Printed or typed) | 16 PR | |
| 540 N State Rd 434 Ste 157 | | | | |
| Address | | | | |
| Altamonte Springs, FL 32714 | | | | |
| City, State & Zip | | | | |
| | 352.552.3790 | | | |
| • | Daytime | Telephone number | | |
| | Ihbeuropeanmotorcarsinc@yahoo.com | 1 | | |
| - | E-mail address: (to be us | sed for future annual report | notification) | |

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



FILED 16 APR 25 PH 3-05

April 1991 April 1991

FLORIDA DEPARTMENT OF STATE Division of Corporations

April 15, 2016

TAISHA NICOLE WALKER 540 N STATE ROAD 434 SUITE 157 ALTAMONTE SPRINGS, FL 32714

SUBJECT: L.H. BROWN EUROPEAN MOTORCARS INC

Ref. Number: W16000023464

We have received your docume is for L.H. BROWN EUROPEAN MOTORCARS INC and your clieck(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 516A00007872

16 APR 25 PH 2: 59



FILED 16 APR 25 PM 3-05

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 30, 2016

TAISHA NICOLE WALKER 540 N STATE ROAD 434 SUITE 157 ALTAMONTE SPRINGS, FL 32714

SUBJECT: L.H. BROWN EUROPEAN MOTORCARS INC

Ref. Number: W16000023464

We have received your document for L.H. BROWN EUROPEAN MOTORCARS INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

To make the necessary corrections and resubmit your filing, return to our website and access electronic filing, then online filing. Choose to update your request by using the confirmation number and the pin number listed above. For any questions concerning the website, please call 850-245-6939. Please disregard this letter, if you have contacted our office and were advised how to correct your document online.

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

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 716A00006503

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

| OFFICE ipal street address | | 16 APR 25 PW 3-05 |
|---|----------------------------|---|
| pal <u>street</u> address | ! | 14 111 40 111 01 00 |
| | | Mailing address, if different is: |
| 57 | | vialing address, if different is. |
| | | |
| .32714 | | |
| poration is organized is: | | |
| FICERS AND/OR DIRECTORS | | |
| | Name and Title | |
| N STATE RD 434 STE 157 | Address: | 540 N STATE RD 434 STE 157 |
| AMONTE SPRINGS, FL 34714 | _ | ALTAMONTE SPRINGS, FL 34714 |
| | | |
| DSAY HAKIM BROWN, V N STATE RD 434 STE 157 AMONTE SPRINGS, FL 34714 | — Name and Title Address: | TAISHA NICOLE WALKER, S 540 N STATE RD 434 STE 157 ALTAMONTE SPRINGS, FL 34714 |
| | 10.000.000 | is: FICERS AND/OR DIRECTORS SHA NICOLE WALKER, CEO Name and Title: N STATE RD 434 STE 157 Address: |

| Name a | nd Title: | Name and Title: | |
|---|---|---|---------------------------------------|
| Addres | s | Address: | |
| | | | |
| | REGISTERED AGENT Torida street address (P.O. Box NOT acceptable | of the registered agent is: | |
| Name: | TAISHA NICOLE WALKER | , | |
| Address: | 540 N STATE RD 434 STE 157 | | |
| | ALTAMONTE SPRINGS, FL 34714 | | |
| | | ··· | 5 |
| ARTICLE VII | <u>INCORPORATOR</u> | | APR 25 |
| The name and a | ddress of the Incorporator is: | | S m |
| Name: | TAISHA NICOLE WALKER | | ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ |
| Address: | 540 N SATE RD 434 STE 157 | | 36 OS |
| Addless. | ALTAMONTE SPRINGS, FL 34714 | | |
| Effective date, if (If an effective days after the f | EFFECTIVE DATE: 1 MAY 2016 f other than the date of filing: date is listed, the date must be specific and can illing.) e inserted in this block does not meet the applicate | | |
| | effective date on the Department of State's record | | |
| | med as registered agent to accept service of proc am familiar with and accept the appointment as | | |
| 1. | h. Will | | 22 APRIL 2016 |
| | Required Signature/Registered Agent | | Date |
| | cument and affirm that the facts stated herein a Department of State constitutes a third degree fe | | |
| T. h. | 1 | and the processing of the south the south | 22 APRIL 2016 |
| - | ired Signature/Incorporator | | Date |