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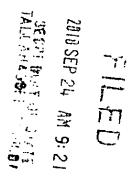
(Requestor's Name)				
(Address)				
(Address)				
(City/	State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				

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SEP 25 2018

K. Brumbley

COVER LETTER

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

SUBJECT: GLOBA	L AUTO-RECON INC		
SUBJECT:	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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
		ADDITIONAL CO	Status
FDOM: MI	CHAEL J. DINEEN		
FROM:	Nam	e (Printed or typed)	
618	4 PARKWAY EAST		
		Address	
SA	INT CLOUD, FL 34771		
-	City	, State & Zip	
407	7-223-8079		
	Daytime '	Telephone number	
joe	yraceing 127@gmail.com		
	E-mail address: (to be use	ed 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)

	20 To 10 To	G. 2018 SEP
INT CLOUD, FL 34771 FICLE III PURPOSE purpose for which the corporation is organized is: AUTO		18 El 31
TICLE III PURPOSE purpose for which the corporation is organized is: AUTO		18 El 31
		S -
		S -
		5
RTICLE IV SHAKES 100 te number of shares of stock is:		点 9 ・ソソ
RTICLE V INITIAL OFFICERS AND/OR DIRECTORS MICHAEL J. DINEEN - PRESIDEN	TO THE RICHARD H. BARTLET	T - V.F
Name and Title: 6184 PARKWAY EAST Address	Address: 4231 FANNY BASS ROA	AD.
SAINT CLOUD, FL 347771	SAINT CLOUD, FL 3477	1
Name and Title:	Name and Title:	
Address		
Name and Tible	- -	
Name and Title: Address		

Name ar	nd Title:	Name and Title:
Address	3	Address:
ARTICLE VI	REGISTERED AGENT	
The <u>name and F</u>	Clorida street address (P.O. Box NOT acceptal	ole) of the registered agent is:
Name: Address:	ROSE BARTLETT R.A.	<u></u>
	1250 S JOHN YOUNG PKWY	<u></u>
	KISSIMMEE, FL 34741	
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>	
The name and a	ddress of the Incorporator is:	
Name:	MICHAEL J. DINEEN	
Address:	6184 PARKWAY EAST	
	SAINT CLOUD, FL 34771	
Effective date, i	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and o	(OPTIONAL) cannot be more than five days prior or 90 days after the
	te inserted in this block does not meet the applieffective date on the Department of State's rec	cable statutory filing requirements, this date will not be listed as ords.
		rocess for the above stated corporation at the place designated in as registered agent and agree to act in this capacity
(Lake	, Barlett	8-11-2018
)	Required Signature/Registered Ager	nt Date
I submit this do document to the	ocument and affirm that the facts stated herei e Department of State constitutes a third degree	in are true. I am aware that the false information submitted in felony as provided for in s.817.155, F.S.
_	Millelle-	8-11-2018RI
Req	uired Signature/Incorporator	Date

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