Electronic Filing Cover Sheet

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To:

Division of Corporations

3052201440

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

**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 CORPORATIOM SPECTRUM AUTO SERVICE CORP

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

	ARTIC	CLE II PRI	NCIPAL OFFIC	<u>'E:</u>	
	The princip	al street addre	ss and mailing ad	dress is:	
	<u>329 Su</u>	<u> 145-</u>	th CT		
Mi	AMI PL	331	86		
ICLE III	SHARES:	The number o	f shares of stock i	s:	Ø
ARTI	CLE IV II	NITIAL DIRI	CTORS AND/C	OR OFFICE	RS.
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					7
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Jame and	Florida street ad 24 Herre 29 SU	ddress (PO Box 2 ra Igli 1 145			
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Jame and Jane 103 MIA	Florida street ac 2† Herre 29 Su Mi FC	ddress (PO Boz 2 ra Jgl J 145 3'3'186 DRATOR: The	e name and addre	of the regist	ered age
Jane 103 MIA MCLEVI	Florida street ac 24 Herre 29 SU MI FL	ddress (PO Box 2 VA Jal J 145 ⁴ 3 ³ 3 ⁴ 186 DRATOR: The	x not acceptable)	of the regist	ered age

Required Signatures:

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

Registered Agonty 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 \$437.155, F.S.

Incorporator

PM 2: 1

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