P95000005534

11/20/95 FLORIDA DIVISION OF CORPORATIONS 5:47 PM
PUBLIC ACCESS SYSTEM
ELECTRONIC FILING CONFIRMATION

YOU HAVE REQUESTED TO SUBMIT THE FOLLOWING DOCUMENT:

TYPE: EFIL01
CORPORATE NAME: GRAVES AUTOMOTIVE SALES & SERVICE INC.

SUB-ACCOUNT NUMBER:
METHOD OF DELIVERY: F
FAX PHONE NUMBER: (813)525-2330
MAILING NAME/ADDRESS: AL CLARK
12600 SOUTH BELCHER RD
SUITE 104E
LARGO
FL 34643- US

FILED
95 NOV 23 PM 3:12

CERTIFICATE(S) REQUESTED: NO
ESTIMATED CHARGES: $70.00

IF THE ABOVE INFORMATION IS CORRECT, AND YOU WOULD LIKE TO HAVE THE ACCOUNT CHARGED, PLEASE ENTER YOUR PASSWORD. TO ABANDON THIS PROCESS, ENTER 'N'.

ENTER/SELECTION AND <CRFLORIDA DIVISION OF CORPORATIONS 5:48 PM
PUBLIC ACCESS SYSTEM
(((H95000000847))) ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: AL CLARK
12600 SOUTH BELCHER RD
SUITE 104E
LARGO FL 34643- 33401-6194
CONTACT: AL CLARK
PHONE: (813) 524-3111
FAX: (813) 525-2330

(((H95000000847)))
NAME: GRAVES AUTOMOTIVE SALES & SERVICE INC.
FAX AUDIT NUMBER: H95000000847
DATE REQUESTED: 01/20/1995
CERTIFIED COPIES: 0
NUMBER OF PAGES: 3
ESTIMATED CHARGE: $70.00
DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
CURRENT STATUS: REQUESTED
TIME REQUESTED: 17:48:13
CERTIFICATE OF STATUS: 0
METHOD OF DELIVERY: FAX
ACCOUNT NUMBER: 072100000173

Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document.
(((H95000000847)))
** ENTER 'M' FOR MENU. **
ENTER/SELECTION AND <CRFLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM 5:48 PM
ELECTRONIC PROCESSING MENU

- ENTER PASSWORD
- REQUEST ELECTRONIC FILING
- REQUEST ELECTRONIC CERTIFICATE
- ALTER DEFAULTS FOR THIS SESSION
- RESTORE ORIGINAL DEFAULTS
- ELECTRONIC FILING INQUIRY MENU
- RETURN TO MAIN MENU

--KEY--
PASSWORD/NEWPASSWORD
DOCUMENT TYPE
CORPORATE DOCUMENT NUMBER
*** NO KEY ***
*** NO KEY ***
*** NO KEY ***
*** NO KEY ***

ACCOUNT NAME: 072100000173 --- CURRENT DEFAULTS ---
FAX ACCOUNT:
AVAILABLE BALANCE: $0.75

RECEIVED
95 NOV 23 PM 8:08

001 11/01/14 23:51

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95 JAN 23 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

GRAVES AUTOMOTIVE SALES + SERVICE INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

GRAVES AUTOMOTIVE SALES + SERVICE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

12885 AUTOMOBILE BLVD.
CLEARWATER FL. 34622

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 SHARES
NO PAR.

(Applied) BY
JAMES GRAVES
12885 AUTOMOBILE BLVD
CLEARWATER
FL 34624

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

813-524-3171

The name and address of the initial registered agent is:

AL CLARK
12600 S. BELCHER RD
SUITE 404 N
LARGO FL 34643

P.P. 550000000847

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12/01/14 23:52

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

JAMES GRAVES
12885 AUTOMOBILE BLVD.
CLEARWATER FL. 34622

The undersigned has(have) executed these Articles of Incorporation this
20th day of January, 19 95.

X [signature] / President
Signature/Title

Signature/Title

Signature/Title

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JAN 23 P. 12
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: GRAVES AUTOMOTIVE SALES & SERVICE INC.

2. The name and address of the registered agent and office is:

AL CLARK
(Name)

12600 SEMINOLE BLVD SUITE 104E
(P.O. Box not acceptable)

LARGO FL. 33643
(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Al Clark
(Signature)

1-20-95

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL

X [signature] 115500000 MJ

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12/01/14 23:53