

P95000007981

TRANSMITTAL LETTER

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

200001390962
-01/27/95--01005--017
****122.50 ****122.50

SUBJECT: RAVEN AUTO SALES, INC
(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and a check
\$ 122.50.

FILED
95 JAN 26 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM:

RAVEN AUTO SALES, INC
Name (printed or typed)

4037 NE 8th Ave
Address

Oakland Park, Florida 33334
City, State, & Zip

(305) 568-9231
Telephone Number

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

ARTICLES OF INCORPORATION

OF

RAVEN AUTO SALES, 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.

FILED
95 JAN 26 PM 3:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be: RAVEN AUTO SALES, INC

ARTICLE II PRINCIPAL OFFICE

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

4037 NE 87th Ave
Oakland Park, Florida 33334

ARTICLE III SHARES

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

1000 Shares of Common Stock with One Dollar
Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Eugene Petilli
4261 NE 11th Terrace
Pompano Beach, Florida 33064

ARTICLE V INCORPORATOR(S)

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

Eugene Petilli
4261 NE 11th Terrace
Pompano Beach, Florida 33064

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

23 day of January, 19 95.

Eugene Petilli Pres
Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

**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.

FILED
95 JAN 26 PM 3:11
TALLAHASSEE FLORIDA
SECRETARY OF STATE

1. The name of the corporation is: RAVEN AUTO SALES, INC

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

Eugene Petilli

(Name)

4261 NE 11th Terrace

(P.O. Box, not acceptable)

Pompano Beach, Florida 33064

(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.


(Signature)

Pres

P95000017981

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: TERENCE BRABANT EIN or SS#: _____

Address: 1492 W SE N.
St PETERSBURG, FL 33704

Amount: \$165.00 Date Paid _____

Reason for claim: Duplicate Filing - P95000017981
SEP 5/12/97

Certified true and correct this _____ day of _____, 19____

Signature _____

* Must be completed if authority is other than Section 215.26, Florida Statutes.

Agency recommends approval of above claim and submits the following information to substantiate the claim.	
The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on _____.	
State Treasurer's Receipt No. <u>45202130001453000000000000000000</u>	
Name of Account _____	
Statutory Authority for Collection <u>45202130001453000000000000000000</u>	
It is requested that payment be made from the following account:	
NAME OF ACCOUNT: <u>45202130001453000000000000000000</u>	
Certified true and correct this _____ day of _____, 19____	
Department of State, Division of Corporations (Agency)	
(Authorized Signature and Title)	