

P95 000035877

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

NAME _____
FIRM _____
ADDRESS _____
PHONE () _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -8 PM 2:53

RE: Auto Painting,
Incorporated

C.C. FEE. DISBURSED

☒ Capital Express™
☐ Art. of Inc. File _____
☐ Corp. Record Search _____
☐ Ltd. Partnership File _____
☒ Foreign Corp. File _____
☐ () Cert. Copy(s) _____

☐ Art. of Amend. File _____
☐ Dissolution/Withdrawal _____
☐ C U S- _____
☐ Fictitious Name File _____

☐ Name Reservation _____
☐ Annual Report/Reinstatement _____
☐ Reg. Agent Service _____
☐ Document Filing _____

☐ Corporate Kit _____
☐ Vehicle Search _____
☐ Driving Record _____
☐ Document Retrieval _____

☐ UCC 1 or 3 File _____
☐ UCC 11 Search _____
☐ UCC 11 Retrieval _____
☐ File No.'s _____ Copies _____
☐ Courier Service _____
☐ Shipping/Handling _____
☐ Phone () _____
☐ Top Priority _____
☐ Express Mail Prop. _____
☐ FAX () _____ pgs. _____

7000001479197
05/08/95--01075--014
****122.50 ****122.50

SUBTOTALS

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Secretary

REQUEST TAKEN CONFIRMED APPROVED
DATE _____
TIME _____
BY SKW CK No. _____

WALK-IN Will Pick Up 5-8 2.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -8 PH 2:53

ARTICLES OF INCORPORATION

OF

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:

AUTO PAINTING, INCORPORATED

ARTICLE II. PRINCIPAL OFFICE

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

2963 44th Avenue North
St. Petersburg, Florida 33714

ARTICLE III. SHARES

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

200 Shares - No Par Value

ARTICLE IV. INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Patricia A. Simon
2963 44th Avenue North
St. Petersburg, Florida 33714

ARTICLE V INCORPORATOR(S)

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

Patricia A. Simon
2963 44th Avenue North
St. Petersburg, Florida 33714

Michael J. Simon
2963 44th Avenue North
St. Petersburg, Florida 33714

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

4th day of MAY, 1995.

Patricia A. Simon
Signature
Michael J. Simon
Signature

Signature

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the under-
signed 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.

95 MAY -8 PM 2:53

1. The name of the corporation is: AUTO PAINTING, INCORPORATED

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

Patricia A. Simon

(Name)

2963 44th Avenue North

(P.O. Box NOT acceptable)

St. Petersburg, Florida 33714

(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

Patricia A. Simon

DATE

MAY 4, 1995

REGISTERED AGENT FILING FEE: \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314