

TRANSMITTAL LETTER
P95000061629

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

SUBJECT: Bills Bargain Cars Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

- \$70.00 \$78.75 \$122.50 \$131.25

FROM: William L. Fairchild
Name (printed or typed)
6424 SW 22 Court
Address
Miramar, FL 33023
City, State & Zip
305-961-8675
Daytime Telephone number

500001556315
-08/09/95--111069--005
****122.50 ****122.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

95 AUG -9 PM 12: 59

FILED

*10/07
8-9-95*

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

ARTICLES OF INCORPORATION
OF

Bills Bargain Cars 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: Bills Bargain Cars Inc.

ARTICLE II PRINCIPAL OFFICE

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

6424 SW 22 Court
Miramar, FL 33023

ARTICLE III SHARES

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

50

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

William L. Fairchild
6424 SW 22 Court
Miramar, FL 33023

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

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

President: William L. Fairchild
6424 SW 22 Court
Miramar, FL 33023

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

7 day of August, 1995.

William L. Fairchild / President
Signature

Signature

Signature

**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: Bills Bargain Cars Inc.

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

William L. Fairchild

(Name)

6424 SW 22 Court

(P.O. Box not acceptable)

Miramar, FL 33023

(City/State/Zip)

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TALLAHASSEE, FLORIDA

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.

William L. Fairchild
(Signature)

08-07-95

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000061629

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96 SEP 23 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
BILLS BARGAIN CARS INC.

Principal Place of Business

6424 SW 22 COURT
MIRAMAR FL 33023

Mailing Address

6424 SW 22 COURT
MIRAMAR FL 33023



8/10/95

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date incorporated or Qualified to Do Business in Florida

08/09/1995

State, Apt. #, etc.

State, Apt. #, etc.

5. FID Number

65-0600492

Applied For
Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Officers	2. Name of Officer and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	FAIRCHILD, WILLIAM L	6424 SW 22 COURT	MIRAMAR FL 33023

430001970114
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***375.00 ***375.00

8. Name and Address of Current Registered Agent

FAIRCHILD, WILLIAM L
6424 SW 22 COURT
MIRAMAR FL 33023

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

William L. Fairchild
REGISTERED AGENT MUST SIGN

Date 9-17-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

William L. Fairchild
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-17-96
Date

954
9616417
Daytime Phone #