P9500073638

TRANSMITTAL LETTER

Dopartment of State Division of Corporations P.O. Box 6327 Tallahassoe, FL 32314 500001550556 -03/21/35--01056--010 *****75.00

SUBJECT: Michael F Castagna Huto Jales Int. (proposed corporate name)

FROM:

Michael F. Castagra

Name

15 Ferrey Place

Address

ST Augustine FL 32084

City, State, & Zip

(904) 829-0815

Telephone Number

Note: Additional copy of articles is needed only when certified copy is requested.



ARTICLES OF INCORPORATION

<u>OF</u>

Michael F Castagna 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.

ARTICLE I NAME

The name of the corporation shall be:

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 $p^{(1)}$

Michael F Castagna Auto Sales Inc

ARTICLE II PRINCIPAL OFFICE

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

15 Feery Place, ST Augustine FL 32084

ARTICLE III CAPITAL STOCK

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

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Michael F Castagna. 15 Freezy Place ST Augustine FL 32084

ARTICLE V INCORPORATOR(S)

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

Michael F Castagna 15 Ferry Place ST Augustine FL 32084

The undersigned has(have) executed these Articles of Incorporation this	
Machael Lasta Signature/Title	L ysa - owner
Signature/Title	<u> </u>
Signature/Title	 ;

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the tate of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The nan	ne of the corpora	ation is:	nichael	f Casta	gna Huto	. Albs
						•
a The nat	no and addross	of the registe	red agent ar	d office is:		
2. Monar	nichael	FCa	staga		ιρ	
	TICIMEL	(NAME)	3	•	3	n · F
15	FERRY	PLac D. BOX NOT.	E.	<u>~</u>		
-	(የ.ር	D. BOX <u>NO</u> L.	ACCEPTABL	_	-	5
51	- Hugu	s-tine	FL.	32084		- * :
		(CITY/ST/	NTE/ZIP)			·•
				m 1	17/	1
			SIGNATUI	RE(corporate o	officer)	Lagra
			TITLE	OWNER		<u> </u>
				9/12/6	2	
			DATE	1/02/1	<u> </u>	
HAVING	BEEN NAMED	AS REGIST	TERED AGE	NT AND TO A	CCEPT SERVICE ACE DESIGNATE REGISTERED AC	OF D IN
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		Thick Calbar	1 1 V 1 3-1 11-4	- FII-13 MOINEE 13	O COMPLY WITH	, , , ,

REGISTERED AGENT FILING FEE: \$35.00

FORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGA-

TIONS OF MY POSITION AS REGISTERED AGENT.