P96000097652

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

-10/29/96--01126--002 *****78.75 *****78.75 SUBJECT: Hure Expressions, The (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 Filing Fee Filing Fee Filing Fee, Certified Copy Filing Fee & Certificato & Cartified Copy & Certificate (O Additional Copy Required ႕ FROM: EXPRISSEDIUS Name (printed or typed) F 6410 KANNOLE HECKENT Address (SU) 283-5120

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

Daytime Telephone number

w96-23160 ne 12/3/96

400001989164--9



Octobor 31, 1996

KELLY M. ROGAN 1845 SW LOCKS RD STUART, FL 34997

SUBJECT: AUTO EXPRESSIONS, INC. Ref. Number: W96000023160

We have received your document for AUTO EXPRESSIONS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for microfilming.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6067.

Neysa Culligan Document Specialist

Letter Number: 296A00050191

ARTICLES OF INCORPORATION

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 EXPRESSEONS, INC

ARTICLE II PRINCIPAL OFFICE

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

6410 KANNER HEGHWAY

STURRT FL 34997

ARTICLE III SHARES

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

1500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DAVID SMITH

6410 KNOWER HECHWAY

STURRET, FL 34997

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

James W. CLARK; 10990 SE GOMEZ AVE; HOBE SOUND, FL

DAVED J. SMETH, 1542 SE THENDONDER NVE,
PORT ST. LUCZE, FL 34952

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

21 day of OctoBER , 19 96.

(An additional article must be added if an effective date is requested.)

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:	WALLERSONS	T14.
2. The name and address of the r	egistered agent and office is:	
	(NAME)	— E T
<u> </u>	D. Box or Mail Drop Box NOT ACCEPTABLE)	
<u>\$ru</u>	COTY/STATE/ZIP)	- 03

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) 10/21/9(
(DATE)

To whom it may concern:

Please note that the address for Auto Expressions Inc has changed from the following:

6410 Kanner Highway Stuart, Fl 34997

to the following:

2397 S.E.Dixie Highway Stuart, Fl 34996

I need an annual report sent to the new address please.

Thank you

David Şmith

K524

P96000097652

Keur on Rocons
1818 Sie Zocks 10
Sounds, Fr 34997

00000210850--9 -03/10/97-01102-014 *****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

<u> </u>	(Corporation Name)	(Document #)	
2	(Corporation Name)	(Document #)	
3	(Corporation Name)	(Document #)	
4	(Corporation Name)	(Document #)	
□ Walk in □ Mail out	Pick up time Will wait	Certified Copy Photocopy Certificate of Status	

NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/ Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger

5H 3/	SECRETARY OF ST ALLAHASSEE, FLO	97 HAR IO PH 12	FILED
5H/12	STATE FLORIDA	PH I2: 39	

75 (8.3)	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

Examiner's Initials		

2. 6

(Typed or Printed Name)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provi the undersigned submits the follow both, in the State of	sions of sections 607.0502, corporation organized ving statement in order to find finds.	617.0502, 607.1508, under the laws of change its registered	or 617.1508, Flo the State of office or registe	red agent, or
1a. The name of the	e corporation is: <u>Rocce</u>	S Experience	30/3 (S. 13 C	······································
	Iress of the corporation is :	3397 50		_
2. The name and	eddress of the current regis	stered agent and offic	38: F	
	Lylo Kammen Simmer FL 3	4997 4997		H 12:
	dress of the new registered	· · · · · · · · · · · · · · · · · · ·	 .	39
The street address registered agent, as	of its registered office an changed, will be identical.	34996		office of its
Such change was a so authorized by the	uthorized by resolution duly e board.	adopted by its board	d of directors or I	by an officer
	officer, chairman or not the board Secreta	n re l	(Date)	÷
(Printed or typed Having been named corporation, I hereb I further agree to co		to accept service of s registered agentant of all statutes relative	d agree to actin t e to the proper a	his capacity. nd complete
(Signature of Rec	•	<u></u>	(Date)	
If signing on behalf o	•			

Division of Corporations, P.O. Rox 6327 Tallahasson, Ft. 32214

(Sapacity)