Elde auto pipar 560 S. Courty Pd 427 Sorgwood Fla 3 V 750

Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 12/05/96--01007--008 ****122.50 ****122.50 (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy □ Walk in Pick up time Certificate of Status Photocopy Mail out Will wait NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/ Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Paythership Name Reservation Reinstelement Trademark Other

CR2E031(1/95)

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 6, 1996

ELITE AUTO REPAIR 560 SOUTH COUNTY ROAD 427 LONGWOOD, FL 32750

SUBJECT: ELITE AUTO REPAIR INC.

Ref. Number: W96000025661

We have received your document for ELITE AUTO REPAIR INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name DOES NOT constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 496A00054854

To Reach me During working hours please Callad 407-625-0225

New wome to be Carlo alete actor repair per OK. by

Vicki & 904-487-6934 from highly men

Division of Corporations - P.O. BOX 6327-Tallahassee, Florida 32314

ARTICLES OF INCORPORATION

CARI'S ELITE AUTO RAPAIR

THE UNDERSIGNED INCORPORATOR (S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA GENERAL CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCOPPORATION.

ARTICLE 1 NAME

AUTO

THIS CORPORATION MAY ENGAGE IN ENGAGE IN OR TRANSACT ANY OR ALL LAWFULL ACTIVITIES OR BUSINESS PERMITTED UNFER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA, OR ANY OTHER STATE, COUNTRY, TERRITOR OR NATION.

ARTCLE III CAPITAL STOCK

THE AGGREGATE NUMBER OF SHARES OF SHARES OF STOCK AND ITS PAR VALUE THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS: 500 SUAROS @ 1,00 PGR SHARG

ARTICLE IV TERM OF EXISTENCE

THIS CORPORATION IS TO EXIST PERPETUALLY.

ARTICLE V OFFICERS DIRECTORS

THE NAME(S) AND STREET ADDRESS(ES) OF THE INITIAL OFFICER(S) AND DIRECTOR(S), IF ANY, WHO SHALL HOLD OFFICE THE FIRST YEAR OF THE CORPORATION'S EXISTENCE OR UNTIL THEIR SUCCESSOR(S) IS(ARE) ELECTED, IS(ARE): CARL HARAMAN 560 S. COUNTY Rd 427 Longwood F1. 32750 ARTICLE VI INCORPORATOR(S) THE NAME(S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) TO THIS ARTICLES OF INCORPORATION IS(ARE) CAPL HALAMAN 560 S. COUNTY Rd 427 Longwood Pl. 32750 IN WTINESS WHEREOF, THE UNDERSIGNED INCORPORATOR(S) HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION THIS DAY OF DECEMBED 1996. SIGNATURE(S) OF INCORPORATOR(S) STATE OF FLORIDA COUNTY OF STMINIVE CARL LIAGAMAN NAME OF INCORPORATOR GECARI'S ELITE AUTO REPAIR INC.

(SEAL)

NOTARY PUBLIC

OFFICIAL NOTARY SEAL
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC306161
MY COMMISSION EXP. SELT 27.1997

CERTIFICATE DESIGNATING PEGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.325, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE PEGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

CAPU HALAMAN SOO S. COUNTY RO 499 ARE ENTERED AGENT AND OFFICE IS: (P.O. BOX NOT ACCEPTABLE) SIGNATURE CORPORATE OFFICER) TITLE PROSIDENT HAVING BEEN NAME TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PORPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION GO7.325 FLORIDA STATUTES. DATE MAS SIGNATURE SIGNATURE AND PROVIDED SECTION GO7.325 FLORIDA STATUTES.	1. THE NAME OF THE CORPORATION IS: ELITE AUTO REPAIR
SOO S. COUNTY RO 42) (F.O. BOX NOT ACCEPTABLE) (GOOD TO 327) GIGNATURE (CORPORATE OFFICER) TITLE (CORPORATE OFFICER) TITLE (CORPORATE OFFICER) DATE HAVING BEEN NAME TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HERBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PORPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION GOT. 325 FLORIDA STATUTES.	2. THE NAME AND ADDRES OF THE REGISTERED AGENT AND OFFICE IS:
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