

CERTIFICATE(S) REQUESTED: NO

ESTIMATED CHARGES: \$70.00

IF THE ABOVE INFORMATION IS CORRECT, AND YOU WOULD LIKE TO HAVE THE ACCOUNT CHARGED, PLEASE ENTER YOUR PASSWORD. TO ABANDON THIS PROCESS, ENTER 'N'.

EBT2B/BELECTION AND <CRFLOREDE DEFISION OF CORPORATIONS

4:10 PM

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(((197000003598 4)))

TO: DIVISION OF CORPORATIONS FAX #: (904)922-4001

FROM: AL CLARK

ACCT#: 072100000173

CONTACT: AL CLARK PHONE: (813)535-4211

FAX #: (813)547-83**0**4

NAME: AL'S AUTO WHOLESALE II INC.

AUDIT NUMBER..... H97000003598

DOC TYPE..... FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS...O

PAGES..... 3

CERT. COPIES.....0

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ENTER SELECTION AND <CR>:

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: H.970000035-98

ARTICLES OF INCORPORATION

FILED 97 MAR -4 PH 4:00

The undersigned incorporator(s), for the purpose of forming a corporation under the Floridal STATE

Business Corporation Act, hereby adopt(s) the following Articles of Incorporation SEE. FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

AL'S AUTO WHOLESALE ILINC.

ARTICLE II PRINCIPAL OFFICE

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

10793 49th Street North Clearwater fl. 34622

ARTICLE III SHARES

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

1000 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: prepared by:

Name: AL BOURQUE Address: 4797 110 TERRACE CLEARWATER FL 34622 Ph#: 813-573-7990 Accounting & Tax Help, INC. 12600 S. Belcher Rd. Suite 104 E Largo, Florida 33773

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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):

ALBERT L. BOURQUE JR.
4797 110 TERRACE

EI 3492 1 CLEAR WATER

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

28 day of FEBUARY 1997.

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

Signature

Signature

Notarization is not required

Signature

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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 OFFICE / REGISTERED AGENT, IN THE STATE OF FLORIDA

1. IN	The name of the corporation is:	ne of the corporation is: AL'S AUTO WHOLESA	
	<u></u>		PACCE & T
2.	The name and address of the regin	stored agent and office is:	MASSEE, F

ALIS ALITYO WHOLESALE II

Accounting & Tax Help. INC. (Name)

12600 S. Belcher Rd., Suito 104 E. (P.O. Box not acceptable)

> Largo, Florida 33773 (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.

Al Clas President 2-28-97

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