

P97000025609

TRANSMITTAL LETTER

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

000002115420--8
-03/17/97--01138--002
*****70.00 *****70.00

SUBJECT: PRO AUTO COLLISION 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: JOHN H. LAVO
Name (printed or typed)
11207 SHELDON RD
Address
TAMPA, FL-33626
City, State & Zip
(813) 962-2555
Daytime Telephone number

FILED
97 MAR 17 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dmc
3/21/97

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

ARTICLES OF INCORPORATION
OF

FILED
97 MAR 17 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PRO AUTO COLLISION 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:

PRO AUTO COLLISION INC

ARTICLE II PRINCIPAL OFFICE

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

11207 SHELDON RD, TAMPA, FL-33626

ARTICLE III SHARES

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

ONE HUNDRED

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOHN H. LAVO

11207 SHELDON RD, TAMPA, FL-33626

ARTICLE V INCORPORATOR(S)

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

JOHN H. LAVO
MARK H. LAVO

11207 SHELDON RD, TAMPA, FL-33626
"

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

12th day of March, 1997.

X John H Lavo
Signature

X John H Lavo
Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

CERTIFICATE OF DESIGNATION OF **FILED**
REGISTERED AGENT/REGISTERED OFFICE

97 MAR 17 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: PRO AUTO COLLISION INC

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

JOHN H. LAVO

(Name)

11207 SHELDON RD

(P.O. Box not acceptable)

TAMPA, FL-33626

(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.

John H. Lavo
(Signature)