

# ARTICLES OF INCORPORATION 97 MAR 20 PH 3: 44

### OF

LAKE AUTO BODY, 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:

Lake Auto Body, Inc.

#### ARTICLE II PRINCIPAL OFFICE

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

12549 Lane Park Cut-Off Mail Box B Tavares, F1. 32778

#### ARTICLE III SHARES

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

100 shs.

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Tara Financial Services, Inc. 489 W. Minnehaha Ave. Clermont, Fl. 34711

### ARTICLE V INCORPORATOR(S)

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

> Dale Allan Durham 3840 Magnolia Dr. Leesburg, Fl. 32748

Christoph	or R.	Macduff
P.O. Box	544 1	· .
Plymouth,	F1.	32768

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



Signature

Articles of Incorporation Filing Fee - \$35

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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 DESIG-NATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: LAKE AUTO BODY, INC.

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

Tara Financial Services, Inc.

(Name)

489 W. Minnehaha Ave.

(P.O. Box not acceptable)

Clermont, F1. 34711

(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.

Pres ionature

Tara Financial Services, Inc.

HAR 20

PH 3:

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL