

P 97000028505

TRANSMITTAL LETTER

FILED

97 MAR 27 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**SUBJECT:** Don's Detailing, Inc.  
(Proposed corporate name - must include suffix)

100002126441--0  
-03/27/97--01111--008  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

**FROM:** Don Mosley  
Name (Printed or typed)

P.O. Box 773  
Address

Punta Gorda, FL 33951-0773732  
City, State & Zip

(941) 639-9595 Ext 146  
Daytime Telephone number

OK  
3/28/97

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

**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):

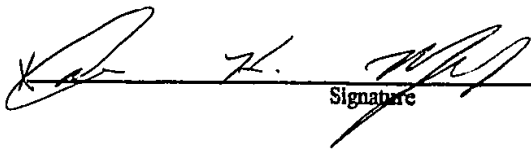
Don Mosley

103 Rivilla Dr 107 2  
Punta Gorda FL 33951

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

26 day of MARCH, 19 97.

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

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
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**

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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 Don's Detailing, Inc.

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

Sharon M. Allen  
(NAME)

2149 S. Chaffee Rd.  
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Jacksonville, FL 32221  
(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.*

Sharon M. Allen  
(SIGNATURE)

3-18-97  
(DATE)