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

500002141995--2 -04/14/97--01060--011 *****70.00 *****70.00

SUBJECT:	Selective A.		L.	
	(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	ച \$122.50	\$131.25	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate	& Certified Copy	Certified Copy & Certificate	
		ADDITIONAL CO	DV DECHIDED	
	0.1	ADDITIONAL CO	PY REQUIRED	
FROM:	Christoph	ex A ()	PY REQUIRED	
FROM:	Christoph Name (Pr	er ADDITIONAL CO	PY REQUIRED	
FROM:	Name (P	er A. ()	PY REQUIRED	
FROM:	Name (P)	er A. ()	PY REQUIRED	
FROM:	Name (P)	er A. () rinted or typed) Address	illicions	
FROM:	Name (P) 5895 1184 Jacksonville	er A. () rinted or typed) Address	illicions	
FROM:	Name (P) 5895 1184 Jacksonville	er A. (.) rinted or typed) h 5 + Address F 1 3 2 2 State & Zip	illicions	

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

الماكريل

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida 14 EEEE 13 Business Corporation Act, hereby adopts the following Articles of Incorporation.

The name of the corporation shall be: So lective Auto	ocars Inc.
The principal place of business and mailing address of this corporate MAILING Address: TAKES TOTAL STATES The number of shares of stock that this corporation is authorized to	Jacksoniille, F1.32204
·	/00
ARTICLE IV INITIAL REGISTERED AGENT AND The name and Florida street address of the initial registered agent as	
ARTICLE V INCORPORATOR	
The <u>name and address</u> of the incorporator to these Articles of Inco	Christopher A. Williams 5895 118# 5+ JACKSONVIlle F1. 32244 4-14-97
Signature/Incorporator	Date

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

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 at registered agent

Signature/Registered Agent

Date