

P97000047500

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

100002188121--3  
-05/22/97--01069--001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Professional Automotive Training  
(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  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM:

Thomas G. Stiers

Name (printed or typed)

8985 Antigua Dr.

Address

Largo FL 33777

City, State & Zip

(813) 397-9786

Daytime Telephone number

SECRET  
TALLAHASSEE, FLORIDA

97 MAY 22 PM 2:28

FILED

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

6/16/97  
Covers  
5/29/97



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

May 23, 1997

THOMAS G. STIERS  
8985 ANTIGUA DRIVE  
LARGO, FL 33777

SUBJECT: PROFESSIONAL AUTOMOTIVE TRAINING, INC., 58  
Ref. Number: W97000012217

We have received your document for PROFESSIONAL AUTOMOTIVE TRAINING and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., ~~INC.~~ and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6933.

Dana Calloway  
Document Specialist

Letter Number: 197A00028246

*I added the Inc.  
Please rush.*

*Thank you!  
Tom Stiers  
Tom Stiers*

*(813) 397-9786*

## ARTICLES OF INCORPORATION

*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:

Professional Automotive Training, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

8985 Antigua Dr.  
Largo, FL 33777

### ARTICLE III SHARES

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

1000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Thomas G. Stiers  
8985 Antigua Dr.  
Largo, FL 33777

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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):

Thomas G. Stiers  
8985 Antigua Dr.  
Largo, FL 33777

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

19<sup>th</sup> day of May, 19 97.

Thomas G. Stiers  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**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**

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: Professional Automotive Training, Inc.
2. The name and address of the registered agent and office is:

Thomas G. Stiers  
(NAME)  
8985 Antigua Dr.  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)  
LARGO FL 33777  
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

*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.*

Thomas G. Stiers  
(SIGNATURE)

5-19-97  
(DATE)