

TRANSMITTAL LETTER

P97000077641

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 SEP -5 AM 8:31

SUBJECT: CERTIFIED ACCIDENT RECONSTRUCTION INC.  
(Proposed corporate name - must include suffix)

100002285641--2  
-09/05/97--01067-010  
\*\*\*\*\*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: WILLIAM EDWARD BAILEY

Name (Printed or typed)

2780 JULIET DR.

Address

DELTONA, FL 32738

City, State & Zip

904-254-7491 OR 904-789-0953

Daytime Telephone number

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

RP  
9-9-97

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## **ARTICLES OF INCORPORATION**

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

### **ARTICLE I NAME**

The name of the corporation shall be:

**CERTIFIED ACCIDENT RECONSTRUCTION INC.**

### **ARTICLE II PRINCIPAL OFFICE**

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

**2780 JULIET DR. DELTONA, FL 32738**

### **ARTICLE III SHARES**

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

**1,000 SHARES @ \$1.00**

### **ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

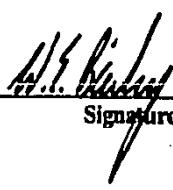
The name and Florida street address of the initial registered agent are:

**WILLIAM EDWARD BAILEY 2780 JULIET DR. DELTONA, FL 32738**

### **ARTICLE V INCORPORATOR**

The name and address of the incorporator to these Articles of Incorporation are:

**WILLIAM EDWARD BAILEY 2780 JULIET DR. DELTONA, FL 32738**



\_\_\_\_\_  
Signature/Incorporator

**08-27-97**

\_\_\_\_\_  
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 as registered agent*



\_\_\_\_\_  
Signature/Registered Agent

**08-27-97**

\_\_\_\_\_  
Date