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97 SEP 25 AH 11: 41

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

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SUBJECT: JALL	A HASSEE Touch - (Proposed corpo	UP AND BUMPER rate name - must include suff	REPAIR IX	** <u> </u>
		<u> ՏՍ</u> Լ	JUU230460 -09/26/9701050 ******78.75 ***	150 0013 ***78.75
Enclosed is an original a	nd one(1) copy of the artic	les 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	
FROM:	DON LUNN Name (Printe	ADDITIONAL CO	PY REQUIRED	
<u></u>	7 Box 1052	٤	97 SE	1 0
-	CITY, State	32308 le & Zip ohone number	97 SEP 26 AMII: 34 DIVISION OF CCAPCRATION	noelvad O
				

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

SEP 2 6 1997

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ARTICLES OF INCORPORATION

FILED

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The undersigned incorporator(s), for the purpose of forming a corporation under the Harrick STATE Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

TALLAHASSEE TOUCH-UP + BUMPER REPARR INC.

ARTICLE II PRINCIPAL OFFICE

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

2108 GILLIAM RD. UNIT A TALLAHARGEE, FL 32708

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

NELSON LUNN 2828 KILKIERADE DE TALLAHASSEE, FL 32308

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):

DOWALD LUNN RT 7 BOX 1052 E VALLEY VIEW ESTATES TALLAHASSEE, FL. 32308

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

19th day of SEPTEMBER, 1997.

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

Signature Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the

CERTIFICATE OF DESIGNATION OF FILED. REGISTERED AGENT/REGISTERED OFFICE 97 SEP 26 AM 11: 41

SECRETARY OF STATE PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDALSTANDORS, FLORIDA 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.

۱.	The name of the corporation is TALLAHASSEE TOUCH - UP + DUMPER REPAR TIX.
2.	The name and address of the registered agent and office is:
	NECSON LUNN (NAME)
	2828 KILKIERANE DR (P. O. Box or Mail Drop Box NOT ACCEPTABLE)
	TALLAHASSER FL 32308 (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.

Welson (STONATURE) JOHN 26 Sept 1997