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FILED

SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV 26 PM 3:35

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

Re: CARS Plus Unlimited, Inc.

00002357448--5 -11/26/97--01014--005 ****122.50 ****122.50

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

CARS Plus Unlinited Two

MAILING ADDRESS OF CORPORATION—

CARS Plus Whinted Inc.

P.O. Box 411 Chieffard Fl.

32644—PHONE—

(352) 490-9992—

Area Code. Number Ext.

RP 12-01-97

ARTICLES OF INCORPORATION

•	<u>-</u> - · · · · · · - · · · ·	
	Unlimited INC.	
(na	me of corporation)	
The undersigned acting as the incorporators of a co the following articles of incorporation for such corporation		orporation Act, adopt(s)
ARTICLE	I - CORPORATE NAME	
	1 COM CHAIL WAND	9 28
The name of the corporation is: CARS Plus UN	Limited Inc.	NOV 2
ARTIC	CLE II - DURATION	
		မှ အ ကို ည
This corporation shall exist perpetually unless disso	olved according to Florida law.	35 SE
ARTIC	CLE III - PURPOSE	
The corporation is organized for the purpose of eng United States and the State of Florida.	aging in any activities or business perm	uitted under the laws of the
ARTICLE The corporation is authorized to issue 500 s	E IV - CAPITAL STOCK shares of common stock, par value \$	per share.
ARTICLE V - I The street address of the initial principal office and,	NITIAL PRINCIPAL OFFICE, if different, the mailing address is:	
STREET ADDRESS		
12551 N. Hwy 19		
CITY Chiefland	FLORIDA	ZIP 32626
Mailing address, if different		
STREET ADDRESS		
Post Office Box 411		
CITY ChiefLAND	FLORIDA	ZIP 32644
ARTICLE VI - INITIAL I	REGISTERED OFFICE AND AGEN	
The street address of the initial registered office	e and the name of the initial register	ed agent at the office is:
NAME DAVID M Scott		

ADDRESS

CITY

FLORIDA

ZIP 32626

ARTICLE VII - INITI	IAL BOARD OF DIRECTORS	-
This corporation shall have) directors initially. The	number of directors may b
either increased or diminished from time to time by the By-	Laws, but shall never be less than o	one (1). The names and
addresses of the initial director(s) of the corporation are as f	follows:	
NAME DAVID M Scott		
ADDRESS Post Office Box 221		
CITY Chiefland	STATE Florida	ZIP 32644
NAME LINDA J Scott		
ADDRESS Post Office Box 221	l	
CITY Chiefland	STATE Florida	21P 32644
NAME "#		-
ADDRESS		
CITY	STATE	ZIP
ARTICLE VII	I - INCORPORATORS	
The names and addresses of the incorporators signing these	Articles of Incorporation are as foll	lows:
NAME David M Scott		
ADDRESS Post Office Rox 2	રા	
CITY Chief(And	STATE CORIDA	ZIP 32644
NAME Linda J Scott		
ADDRESS Post Office Box 23	211	
CITY Chiefland	STATE Plonida	ZIP 3264LL
NAME	-	
ADDRESS	·	
CITY	STATE	ZIP
The undersigned incorporator(s) have executed these A	Articles of Incorporation this 1	venter fruith
day of November		Violation
		•
•	- M/A	(S:
	Jowieg V	(Signature)
_		(Signature)

(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

JIVISION OF CORPORATION

97 NOV 26 PM 3: 35

CARS Plus UNLimited INC.

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at	129	551	Ν.	Hwy	19		
	C	riefC	And.	AV.	3262	6	
has na	med	1	DAVID	M	Scott	•	

located at the aforesaid address, as its registered agent to accept service of process within this state.

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)

(Date)