# P98000028912

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

5**00002469686---** 0 -03/26/98--01096--007 \*\*\*\*131.25 \*\*\*\*131.25

SUBJECT:	-AWESOME CUSTOMS, I	NC . prporate name - must includ				:
Enclosed is an origina	l and one(1) copy of the article	s of incorporation and a c	check for :		I	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.2 Filing Fed Certified & Certified	e, Copy		
FROM:	EPA PROFESSIONAL S Name (Pa	ADDITIONAL CO	PY REQUI	RED		
		Address	-	SECT TALL	98	
		34741 State & Zip		TETARY OF AIIASSEE,	MAR 26	
	(407) 943-8990 Daytime To	elephone number		STATE FLORID,	州 非 2	O

QN 3-30-98

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



# 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:

AWESOME CUSTOMS, INC.



#### ARTICLE II PRINCIPAL OFFICE

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

1610 SÜNBURST WAY KISSIMMEE, FL. 34744

#### ARTICLE III SHARES

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

10 SHARES AT NON-PAR VALUE

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JOSE A. MARTINEZ 1610 SUNBURST WAY KISSIMMEE, FL. 34744

### ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

JOSE A. MARTINEZ 1610 SUNBURST WAY KISSIMMEE, FL. 34744

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 as registered agent

Signature/Registered Agent

Date