

TRANSMITTAL LETTER

P 98000029832

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

300002472383--2
-03/30/98-01092-013
****122.50 ****122.50

SUBJECT: The HARD Times CAR Corp
(Proposed corporate name - must include suffix)

FILED
98 MAR 30 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: AAMAL Rahadi
Name (Printed or typed)

5530 hickson Rd
Address

JACKSONVILLE FL 32207
City, State & Zip

904-727-9957
Daytime Telephone number

F. CHESSEB APR 1 1998

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:

The hard Times CARE Corp

ARTICLE II PRINCIPAL OFFICE

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

1050 Arlington Rd
JACKSONVILLE FL 32211

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

AAMAL Rabadi
5530 Hickson Rd
JACKSONVILLE, FL 32207

ARTICLE V INCORPORATOR

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

AAMAL RABADI
5530 Hickson Rd
JACKSONVILLE FL 32211

Aamal Rabadi

Signature/Incorporator &

REGISTERED AGENT

3/26/98

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

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