## TRANSMITTAL LETTER

# P9800045588

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

500002527305--8 -05/18/98--01074--013 \*\*\*\*131.25 \*\*\*\*131.25

SUBJECT:	(Proposed corporate name - must include suffix)				
Enclosed is an original a	and one(1) copy of the article	s of incorporation and a	check for:		
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.2 Filing Fee Certified & Certifie	e, Copy	
		ADDITIONAL COPY REQUIRED			
FROM:	EPA PROFESSIONAL Name (P	SERVICES, INC	··		
_	103 W. OAK	ST STE C-1	· 	SEORE TALLA	) ) [
	KISSIMMEE, FL 34741		TARY OF ST HASSEE, FLO	FILED	
		State & Zip		F STATE FLORID	ε ∪ 3
	407-943-8990 Daytime T	elephone number	· · · · · ·	¥m <b>-</b>	

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

T5 5/20

## 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:

VICTOR'S COLLISION, INC.

## ARTICLE II PRINCIPAL OFFICE

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

2644-F MICHIGAN AVE 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:

100 SHARES

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

VICTOR B. DEXTER 2124 SANDRUN RD

KISSIMMEE, FL 34744

### ARTICLE V INCORPÓRATOR

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

VICTOR B. DEXTER 2124 SANDRUN, RD

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

98 MAY 18 PM 2: 31
SECRETARY OF STATE
TALL AHASSEE, FLORIDA