## La-Ale Document Services

## PACCOUNT FILING COLERSHEET

ACCOUNT NUMBER: FCA00000005	_
REFERENCE:(SUB ACCT.)	
DATE:	98 JUL SECRETA
REQUESTER NAME: LEXIS DOCUMENT SERVICES	FILED JUL 17 PN 1 RETARY OF STA
ADDRESS: P.O. BOX 2969 SPRINGFIELD, ILLINOIS 62708	) I I: 00 STATE -ORIDA
70000 CONTACT NAME: CYNTHIA WOODYARD (904) 877-7290	02591597—-9 <b>6</b>
corporation NAME: <u>Lussiers</u> Corvet Florida, Inc	te City of
AUTHORIZATION: C. Woodeyard	
CERTIFIED COPY (1-9)  CERTIFICATE OF STATUS (1-9)  PLAIN STAMPED COPY	PREC
WALK IN () WILL WAIT () PIO ) MAIL OUT (IF APPLICABLE)	TER 4:30 TO
200 201 002 OF Hall JU	1 / 1998

## ARTICLES OF INCORPORATION

FILED

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

98 JUL 1.7 PM 1: 00 SECRETARY OF STATE FALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

LUSSIER'S CORVETTE CITY OF FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

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

1000 2nd Street, Manchester NH 03102

ARTICLE III SHARES

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

100 NO PAR

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Lexis Document Services Inc. 3953 WW Kelley Road Tallahassee, FL 32311

ARTICLE V INCORPORATOR

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

Margaret Lussier 1000 SECOND STREEF, MANCHESTER, N.H. 03102

FLORIDA ADDRESS:

14991 RIVERS EDGE COURT, FT. MYERS, FL. 33908

Signature/Incorporator

Margaret Lussier

(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

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Signature/Registered Agent

Date

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE 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.

1.	The name of the corporation is:	LUSSIER'S CORVETTE CI	ITY OF FLORIDA, I	INC.	•	
2.	The name and address of the register	ed agent and office is:		,		
		nt Services Inc.		SECRI	ل 89	. Tasa
	3953 WW Kell	(NAME) ey Road		HASSE		
	(F.O. Box o	Mail Drop Box SOT ACCEPTABL	<b>E</b> )	OF STA	PH :	Ü
		(CITY/STATE/ZIP)		見出	1: 00	

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Lisa James, (As Agent (DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314