

TRANSMITTAL LETTER

P98000077/55

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

800002628298--0
-08/31/98--01027--013
****122.50 ****122.50

SUBJECT: Auto Res Inc.
(Proposed corporate name - must include suffix)

-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: Ronald N. Shehade
Name (Printed or typed)
2525 NW 59 Street
Address
Boca Raton, FL 33496
City, State & Zip
561-995-7193
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 AUG 31 AM 8:41

APPROVED
AND
FILED

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: Auto Res Inc.

ARTICLE II PRINCIPAL OFFICE

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

2525 NW 59 Street
Boca Raton, FL 33496

ARTICLE III SHARES

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

50

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS


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

Ronald N. Shehade
2525 NW 59 Street
Boca Raton, FL 33496

ARTICLE V INCORPORATOR

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

Ronald N. Shehade/ President
2525 NW 59 Street
Boca Raton, FL 33496

 / President 08/24/98
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

 08/24/98
Signature/Registered Agent Date

APPROVED
AND
FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA