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TRANSMITTAL LETTER

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

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-09/04/98--01122--001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT:

Auto City & Credit, Corp.  
(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:

ANGEL OLIVA

Name (Printed or typed)

6717 Crooked Palm Ln

Address

MIAMI LAKES, FL 33012

City, State & Zip

305-826-4520

Daytime Telephone number

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

98 SEP -4 PM 1:59

FILED

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

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98-01  
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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 City & Credit, Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 6717 Crooked Palm Ln, Miami Lakes, FL 33014

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 SHARE NO PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: ANGEL OLIVA 6717 Crooked Palm Ln MIAMI LAKES FL 33014

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are: ANGEL OLIVA RAQUEL OLIVA PRESIDENT VICE PRESIDENT

Signature/Incorporator

8-31-98 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

8-31-98 Date