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

900		4730 01092014
	*****78.75	*****78.75

	J. D. Lipscomb Auto Wholesaler, INC		
SUBJECT:	(Proposed corporate name - must include suffix)		

Enclosed is an original and one(1) copy of the artic	icles of incorporation and a check for :
Enclosed is an original and one(1) copy of the art	10.05 01 = 1111 p

\$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: Name (Printed or typed)  J. D. Lipscomb	SECRETION OF SECRET
· · · · · · · · · · · · · · · · · · ·	7 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
5014 CATOMA STREET	0 0 0 C
Address	<b>3</b>
JACKSON VILLE FL 32210  City, State & Zip	STATE PRATIONS 1:49
904-778.8326	
Daytime Telephone number	

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	NA.	ME

The name of the corporation shall be: J. D. Lipscomb Auto Wholesaher, INC.



PRINCIPAL OFFICE

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

ARTICLE III

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

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

J.D. Lipscomb

SO 14 CATEMAST

DACKSON VILLE FL 32210

ARTICLE V INCORPORATOR

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

J.D. Lipscomb 5014 CATOMA ST JACKSONVIlle, FL 32210

J. b Lipscomb

(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

JD. Lipscom 6