P98000099089

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

300002694313--1
-11/23/98--01132--018
*****70.00 *****70.00

**SUBJECT:** Automotive Disability Products, 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 of Status

☐ $78.75 Filing Fee & Certified Copy

☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

**ADDITIONAL COPY REQUIRED**

FROM: Linda Bailey
Name (Printed or typed)

2452 SE ALFONSO AVE.
Address

Port St. Lucie, FL 34952
City, State & Zip

561-337-7785
Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 NOV 23 AM 10:29

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

11-25
WS

# 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: AUTOMOTIVE DISABILITY PRODUCTS, INC.

*ARTICLE II PRINCIPAL OFFICE*
The principal place of business and mailing address of this corporation shall be:
2452 S.E. ALFONSO AVE # 100
PORT ST. LUCIE, FL 34952

*ARTICLE III SHARES*
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
10

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*ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS*
The name and Florida street address of the initial registered agent are:
LINDA Bailey
2452 SE ALFONSO AVE
PORT ST. LUCIE, FL 34952

*ARTICLE V INCORPORATOR*
The **name and address** of the incorporator to these Articles of Incorporation are:
LINDA Bailey
2452 S.E. ALFONSO AVE.
PORT ST. LUCIE, FL 34952

Linda Bailey
**Signature/Incorporator**

11-16-98
**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*

Linda Bailey
**Signature/Registered Agent**

11-16-98
**Date**