

OFFICE USE ONLY Document #

PARUS CORPORATE FILING SERVICE, INC.

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(Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

000002741940--7

-01/14/99--01081--010

\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. AUTOMOTIVE PAINT & BODY SUPPLIES, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2:00

☒ Certified Copy

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☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
99 JAN 14 PM 1:35  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

RECEIVED  
99 JAN 14 AM 11:48  
DIVISION OF CORPORATION

Examiner's Initials

# ARTICLES OF INCORPORATION

*The undersigned incorporate(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

## ARTICLE I NAME

The name of the corporation shall be:

**AUTOMOTIVE PAINT & BODY SUPPLIES, INC**

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## ARTICLES II PRINCIPAL OFFICE

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

**8725 NW 117TH STREET, # 1  
HIALEAH GARDENS, FLORIDA 33016**

## ARTICLES III SHARES

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

**500 SHARES \$ 1.00 PAR VALUE**

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**JOEL C. SEIFE  
8725 NW 117TH STREET # 1  
HIALEAH GARDENS, FLORIDA 33016**

**ARTICLES V INCORPORATE(S)**

The name and street address(es) of the incorporate(s) to these Articles of Incorporation is(are):

JOEL C. SEIFE  
8725 NW 117TH STREET, # 1  
HIALEAH GARDENS, FLORIDA 33016

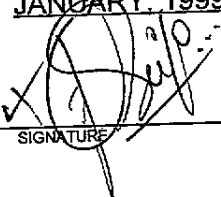
PRESIDENT, SECRETARY, TREASURER, DIRECTOR

**ARTICLE VI DIRECTOR(S)**

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

JOEL C. SIEFE  
8725 NW 117TH STREET, # 1  
HIALEAH GARDENS, FLORIDA 33016

The undersigned incorporate(s) has(have) executed these Articles of Incorporation this  
13TH day of JANUARY, 1999

  
\_\_\_\_\_  
SIGNATURE JOEL C. SEIFE PRESIDENT, SECRETARY, TREASURER, DIRECTOR  
\_\_\_\_\_  
SIGNATURE  
\_\_\_\_\_  
SIGNATURE

**Articles of Incorporation**

**Filing Fee - \$35.00**

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISION OF SECTION 607 .051, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANISED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the corporation is:

**AUTOMOTIVE PAINT & BODY SUPPLIES, INC.**

The name and address of the registered agent and office is:

JOEL C. SEIFE

(Name)

8725 N W 117TH STREET, # 1

(PO Box not acceptable)

HIALEAH GARDENS, FLORIDA 33016

(City/State/Zip)

*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.*

JOEL C. SEIFE

(Signature)

01/13/99  
(Date)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

DIVISION OF CORPORATIONS, PO BOX 6327, TALLAHASSEE, FL 32314