

P99 00000 6571  
TRANSMITTAL LETTER

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Top Auto Repair, Inc.

Enclosed is an original and one (1) copy of the articles of incorporation of the above referenced entity and a check payable to "Secretary of State" for:

☒ \$70.00 Filing Fee                      ☐ \$122.50 Filing Fee & Cert. Copy \*

☐ \$78.75 Filing Fee & Certificate                      ☐ \$131.25 Filing Fee, Cert. Copy & Certificate \*

\* Additional Copy of Articles Required

Thank you in advance for your cooperation in this matter. Please address all correspondence and questions to:

Amir Catia  
1419 DeLeon Street  
Clearwater, Florida 33756  
Tel: 727-441-3313

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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:

**Top Auto Repair, Inc.**

## ARTICLE II: PRINCIPAL OFFICE

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

**1419 Deleon Street Clearwater, Florida 33756**

## ARTICLE III: SHARES

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

**100,000 Shares**

## ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS

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

**Amir Catia 1419 Deleon Street Clearwater, Florida 33756**

## ARTICLE V: INCORPORATOR

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

**Amir Catia 1419 Deleon Street Clearwater, Florida 33756**

A. Sonoutan

Signature/Incorporator

14/Jan/99

Date

*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.*

A. Sonoutan

Signature/Registered Agent

14/Jan/99

Date

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TALLAHASSEE, FLORIDA