## P99000022778

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

Tallahassee, FL 323	14	-	- =-	
SUBJECT:	OVER SHOP	$\mathcal{C} = \sum_{\text{rate name - must include su}} \sqrt{\mathcal{C}}$	ING IN	
			1000026556 -10/05/98—01 ****131.25	
Enclosed is an origina	I and one(1) copy of the article	s 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 CO	PY REQUIRED	
FROM: DOVIER SHOVES TOWN IN E Name (Printed or typed)				
-		FNEW AU		
<u>.</u>	ORLANDO FO	32822 tate & Zip	99 MAR	
_	407 - 277 - Daytime Tel	8987 ephone number	AR I	

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

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a C Business Corporation Act, hereby adopts the following Article	les of Incorporation.
ARTICLE I NAME The name of the corporation shall be:	SION OF THE VALUE
POVER SHORES TOWING INC	<b>3</b>
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of the	nis corporation shall be:
6418 HOFFNER AU ORLANDO	Floripa 32822=
ARTICLE III SHARES  The number of shares of stock that this corporation is aut	horized to have outstanding at any one time is:
10	•
ARTICLE IV INITIAL REGISTERED AGE.  The name and Florida street address of the initial registered.	NT AND STREET ADDRESS ed agent are:
	orlando Floripa 32822
ARTICLE V INCORPORATOR  The name and address of the incorporator to these Article	les of Incorporation are:
Jell De	3-9-9
Signature/Incorporator	Date
(An additional article must be added	
daving been named as registered agent and to accept service of proceerificate, I hereby accept the appointment as registered agent and crovisions of all statutes relating to the proper and complete perfebbligations of my position as registered agent  Signature/Registered Agent	ess for the above stated corporation at the place designated in this agree to act in this capacity. I further agree to comply with the ormance of my duties, and I am familiar with and accept the
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