TRANSMITTAL LETTER

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

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SUBJECT:	CHOLY	A TIMO	MADEL THE		-03/10/990:	1080015 ¯
	SHOLA A	70.TO	MART INC.		*****87.50	*****37.50
		(£3	roposed corporate nai	me - must include suffix)		

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00

□ \$78.75

Filing Fee Filing Fee

& Certificate of Status

□\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy & Certificate of

.FT

Status

ADDITIONAL COPY REQUIRED

FROM:	OGUNSAKIN MICHAEL			
	Name (Printed or typed)			
	_1520_28th STREET	ΙA	S	
	Address		9	
		£(
	ORLANDO, FLORIDA 32805	S.	99 MAR 10	_
	City, State & Zip	[T] ~	-	
			MH IO:	ED
	407- 872-0706		$\ddot{\odot}$	•
	Daytime Telephone number	<u>=</u>		

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.

Al	RT	ICI	Œ	I	NA	ME

The name of the corporation shall be:

SHOLA AUTO MART Inc.



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

SHOLA AUTO MART Inc. 1520 28th STREET ORLANDO FL 32805.

ARTICLE III SHARES

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

FIVE HUNDRED (500)

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

OGUNSAKIN MICHAEL 1520 28th STREET ORLANDO FL 32805

INCORPORATOR

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

OGUNSAKIN MICHAEL 1520 28th STREET ORLANDO FL 32805

Signature/Incorporator

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

03 - 09_-

Signature/Registered Agent

Date