25765 99000025765

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

-03/15/93--01082--008 *****70.00 *****70.00

SUBJECT:	- Automods, 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 ADDITIONAL COP	S87.50 Filing Fee, Certified Copy & Certificate of Status Y REQUIRED	f
FROM:		Sones rinted or typed)		99 MAR
	•	Address	<u></u>	5 A 0.
	Oakland, FL City,	- 34760 State & Zip	Sm ₁	29
		9-3635 elephone number	<u> </u>	#244

F. CHESSER MAR 2 2 1999

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.

ARTICLE I NAME

The name of the corporation shall be:

Automods, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Automods, Inc. P.O. Box 638 Oakland, Florida 34760

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Keith D. Jones 16845 Franklin Ave. Montverde, Florida 34756

ARTICLE V INCORPORATORS

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

Keith D. Jones 16845 Franklin Ave. Montverde, Florida 34756

Benjamin S. Stahlhood 5143 Dockside Dr.

Orlando, FL 32822

Benjamin S. Staffhood

3/8/99

(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

Signature/Registered Agent

Date

99 NAR 15 AM 10: 28
SECRETARY OF STATE