## 1999997493

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

800002813298--5 -03/22/99--01088--018 \*\*\*\*\*122.50 \*\*\*\*\*\*78.75

SUBJECT:	A 4.70	masile Lien (Proposed	i corp	ELLICE TIC Drate name - must include	e suffix)		
Enclosed is an	original and o	one(1) copy of the artic	cles o	f incorporation and a	check for :	<del></del> 1	
☐ \$70 Filing		\$78.75 Filing Fee & Certificate		▲\$122.50 Filing Fee & Certified Copy	S131.25 Filing Fee, Certified Copy & Certificate		
				ADDITIONAL CO	PY REQUIRED		
FROM: Automobile Lien Service Inc. Name (Printed or typed)							
1009 10 Th Court Address  Address  22						Olylonda S	

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

City, State & Zip

535

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florid	a
Business Corporation Act, hereby adopts the following Articles of Incorporation.	

ARTICL	EI	NAME

The name of the corporation shall be: Automobile Lien Secret Tre



ARTICLE II PRINCIPAL OFFICE

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

1009 10Th COURT PACE BEACH GALDES PL 33410

SHARES ARTICLE III

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

100

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

S RENZE DESANTIS

POLM BEACH GARDEN TO 33412 ICLE V INCORPORATOR

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

S. RENEE DESANTIS

1009 107 Court

ignature/Incorporator

(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 fostion as registered agent

Signature/Registered Agent