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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.**SCOOTZ PAINT & BODY INC.**

Certificate of Status	0
Certified Copy	1
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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 26, 1999

FAS-T CORP

SUBJECT: SCOOTZ PAINT & BODY INC.
REF: W99000009699

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity must be identical throughout the document.

The registered agent must sign accepting the designation.

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Becky McKnight
Document Specialist

FAX Aud. #: H99000009600
Letter Number: 799A00021784

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ARTICLES OF INCORPORATION
OF

SCOOTZ PAINT & BODY INC.

ARTICLE I NAME

The name of the corporation shall be:

SCOOTZ PAINT & BODY INC.

ARTICLE II PRINCIPAL OFFICE

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

1909 SW BILTMORE ST

PORT ST LUCIE, FLORIDA 34984

ARTICLE III CAPITAL STOCK

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

500 (FIVE HUNDRED) SHARES

Prepared by:
Triple Check Income Tax Service
2506 Delaware Ave
Ft Pierce FL 34947
(561)461-5987

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TALLAHASSEE, FLORIDA

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ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

THOMAS CRISTALDI

1909 SW BILTMORE ST

PORT ST LUCIE, FL 34984

ARTICLE V INCORPORATOR

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

THOMAS CRISTALDI

1909 SW BILTMORE ST

PORT ST LUCIE, FL 34984

The undersigned has executed these Articles of Incorporation this 14th day of April 1999.

Thomas Cristaldi
THOMAS CRISTALDI, Incorporator

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CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

SCOOTZ PAINT & BODY INC.

2. The name and address of the registered agent and office is:

THOMAS CRISTALDI

1909 SW BILTMORE ST

PORT ST LUCIE, FL 34984

Signature: _____
REGISTERED AGENT / INCORPORATOR
Title: _____

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.

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