

P99000049418

TRANSMITTAL LETTER

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

SUBJECT:

JAX CITY MOTORS INC

(Proposed corporate name - must include suffix)

900002888729--8

-05/27/99--01080--005

*****78.75 *****78.75

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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

JAX CITY MOTORS INC

Name (printed or typed)

505 NORTH LIBERTY STREET

Address

JACKSONVILLE FL 32202

City, State & Zip

904-354.6114

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE FLORIDA

99 MAY 27 AM 9:19

FILED

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

Articles of Incorporation

1. The name of the corporation shall be:

JAX CITY MOTORS INC.

2. The principal place of business and mailing address of the corporation is:

505 A NORTH LIBERTY STREET
JACKSONVILLE FL 32202

3. The corporation shall have the authority to issue 500 shares of stock.

4. The registered agent of the corporation is MANUEL MILLETE JR and the registered street address is 505 A NORTH LIBERTY STREET JACKSONVILLE Florida 32202.

5. The initial Board of Directors shall have 2 member(s) whose name(s) and address(es) is/are as follows: MANUEL MILLETE JR RICARDO BOSCHART

6234 ARTHUR DURHAM DR JACKSONVILLE FL 32210 1065 GROVE PARK BLVD JACKSONVILLE FL 32216

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

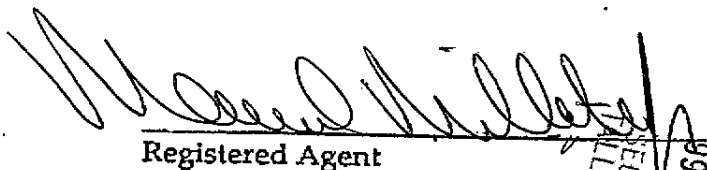
6. The incorporator of this corporation is MANUEL MILLETE whose street address is 6234 ARTHUR DURHAM DRIVE JACKSONVILLE FL 32210

Dated 5/20/99


Incorporator

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 am familiar with and accept the obligations of my position as registered agent.

Dated 5/20/99


Registered Agent

FILED
99 MAY 27 AM 9:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA