

TRANSMITTAL LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUN -4 PM 5:01

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

SUBJECT: Auto Masters of Central Florida, INC
(Proposed corporate name - must include suffix)

000002895420--4
-06/04/99--01079--001
*****87.50 *****87.50

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

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Pamela Minix
Name (Printed or typed)

1950 Palmer Dr
Address

Melbourne, FL 32935-4404
City, State & Zip

407-259-6312
Daytime Telephone number

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

D. BROWN JUN - 8 1999

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.

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ARTICLE I NAME

The name of the corporation shall be:

Auto Masters of Central Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

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

*1312 Berri Patch Pl.
Melbourne, Fl 32935*

ARTICLE III SHARES

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:

*Pamela Minix
1950 Palmer Dr
Melbourne, Fl. 32935*

ARTICLE V INCORPORATOR

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

*Pamela Minix
1950 Palmer Dr
Melbourne, Fl. 32935*



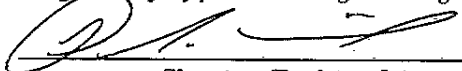
Signature/Incorporator

05-29-99

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



Signature/Registered Agent

05-29-99

Date