

P99000056135

TRANSMITTAL LETTER

FILED
99 JUN 18 AM 7:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: BEST OF AUTO.COM, INC.
(Proposed corporate name - must include suffix)

100002908871--2
-06/18/99--01068--013
*****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: SHARON BARTOV
Name (Printed or typed)

3650 NW 15 ST
Address

LAUDERHILL, FL 33311
City, State & Zip

954-583-7755
Daytime Telephone number

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

B. BROWN JUN 22 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.

ARTICLE I NAME

The name of the corporation shall be:

BEST OF AUTO.COM, INC

ARTICLE II PRINCIPAL OFFICE

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

3650 NW 15 ST
LAUDERHILL, FL 33311

ARTICLE III SHARES

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

5,000,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

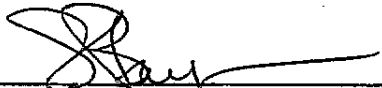
The name and Florida street address of the initial registered agent are:

SHARON BARTOV
3650 NW 15 ST, LAUDERHILL, FL 33311

ARTICLE V INCORPORATOR

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

SHARON BARTOV
12200 PARK DR, COOPER CITY, FL 33026



Signature/Incorporator

6/11/99

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

6/11/99

Date

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TALLAHASSEE, FLORIDA