

P95000065550  
TRANSMITTAL LETTER

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

800002933108--1  
-07/16/99-01048-012  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: AUTO ACCESSORY WHOLESALERS, INC.  
(Proposed corporate name - must include suffix)

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 78.75  
Filing Fee,  
Certified Copy  
& Certificate

FROM:

DEBBIE R. BRUCE

Name (printed or typed)

5055 FAIRFIELD DRIVE

Address

LAKELAND, FL 33811

City, State & Zip

941-646-7545

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 JUL 16 PM 2:20

FILED

EFFECTIVE DATE  
7-14-99

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

EFFECTIVE DATE

7-14-99

FILED

99 JUL 16 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
**OF**  
***AUTO ACCESSORY WHOLESALERS, INC.***

THE UNDERSIGNED INCORPORATORS, 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 THIS CORPORATION SHALL BE:

*AUTO ACCESSORY WHOLESALERS, INC.*

**ARTICLE II - GENERAL NATURE OF BUSINESS**

THE PRINCIPAL PLACE OF BUSINESS OF SAID CORPORATION SHALL BE AT *5055 FAIRFIELD DRIVE, LAKE LAND, FLORIDA*, WITH THE PRIVILEGE OF HAVING BRANCH OFFICES AT ANY OTHER PLACE WITHIN OR WITHOUT OF THE STATE OF FLORIDA.

**ARTICLE IV – CAPITAL STOCK**

THE TOTAL NUMBER OF SHARES OF CAPITAL STOCK WHICH MAY BE ISSUED BY THIS CORPORATION IS FIVE HUNDRED (500) SHARES.

**ARTICLE V – DIRECTORS**

THE CORPORATION SHALL HAVE ONE (1) DIRECTOR. THE NAME AND ADDRESS OF THE DIRECTOR OF THIS CORPORATION WHO SHALL HOLD OFFICE SHALL BE:

*DEBBIE R. BRUCE*

*5055 FAIRFIELD DRIVE  
LAKELAND, FL 33811*

**ARTICLE VI – REGISTERED AGENT AND OFFICE**

THE INITIAL STREET ADDRESS OF THE CORPORATION'S PRINCIPAL OFFICE AND REGISTERED OFFICE IS *5055 FAIRFIELD DRIVE, LAKELAND, FLORIDA 33811*, AND THE NAME OF ITS INITIAL REGISTERED AGENT AT SUCH ADDRESS IS *DEBBIE R. BRUCE*.

**ARTICLE VII – DATE OF CORPORATE EXISTENCE**

THE DATE OF CORPORATE EXISTENCE SHALL BE THE DATE OF SUBSCRIPTION AND ACKNOWLEDGMENT, AS APPEARS ON THESE ARTICLES OF INCORPORATION.

IN WITNESS WHEREOF, I, *DEBBIE R. BRUCE*, THE UNDERSIGNED  
INCORPORATOR OF THIS CORPORATION HAVE EXECUTED THESE  
ARTICLES OF INCORPORATION AT LAKE LAND, FLORIDA ON THE 14<sup>th</sup> DAY  
OF July, 1999.

  
*DEBBIE R. BRUCE*

**STATE OF FLORIDA**

**COUNTY OF POLK**

I HEREBY CERTIFY THAT ON THIS DAY, BEFORE ME, AN OFFICER  
AUTHORIZED IN THE STATE AND COUNTY NAMED ABOVE TO TAKE  
ACKNOWLEDGMENTS, PERSONALLY APPEARED *DEBBIE R. BRUCE*  
(DRIVERS LICENSE NUMBER B620-176-67-584-1), KNOWN TO BE THE  
PERSON DISCRIBED AS DIRECTOR AND WHO EXECUTED THE FOREGOING  
ARTICLES OF INCORPORATION.

WITNESS MY HAND AND OFFICIAL SEAL IN THE COUNTY AND  
STATE LAST AFORESAID, THIS 14<sup>th</sup> DAY OF July, 1999.

  
NOTARY PUBLIC

MY COMMISSION EXPIRES:



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.

**FILED**  
99 JUL 16 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
\_\_\_\_\_  
DEBBIE R. BRUCE  
REGISTERED AGENT

7/14/99  
\_\_\_\_\_  
DATE