

TRANSMITTAL LETTER

P99000071233

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

SUBJECT:

Kings Motors West 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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate
Status

ADDITIONAL COPY REQUIRED

FROM:

Barbara Schofield

Name (Printed or typed)

1106 Cox Rd

Address

Jax FL 32221

City, State & Zip

(904) 695-2219

Daytime Telephone number

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

ax 8/11

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: King Motors west inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 5351 Bathey rd
Jax, FL 32210

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Barbara Schofield
1106 Cox Rd
Jacksonville FL
32221

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are: Barbara Schofield
1106 Cox Rd
Jax, FL 32221

Barbara Schofield
Signature/Incorporator

8-11-99
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

Barbara Schofield
Signature/Registered Agent

8-11-99
Date