

TRANSMITTAL LETTER

P99000083248

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

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 -09/15/99--01025--012
 *****87.50 *****87.50

SUBJECT:

AMERICARS, Inc.

(Proposed corporate name - must include suffix)

FILED
 99 SEP 15 AM 6:46
 SECRETARY OF STATE
 TALLAHASSEE, FL 32314

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:

CARLOS E. DUARTE

Name (Printed or typed)

5121 PINE ABBEY DR. S.

Address

WEST PALM BEACH, FL 33415

City, State & Zip

561-649-9744

Daytime Telephone number

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

9-21
we

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:

AMERICARS, INC.

ARTICLE II PRINCIPAL OFFICE

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

2827 E. EXCHANGE CT
WEST PALM BEACH, FL 33409

ARTICLE III SHARES

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

100,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

CARLOS E. DUARTE
5121 PINE ABBEY DR. S., WEST PALM BEACH
FL 33415

ARTICLE V INCORPORATOR

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

CARLOS E. DUARTE



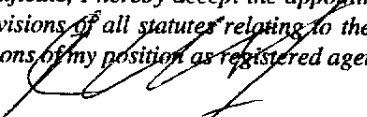
Signature/Incorporator

9/9/99

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

9/9/99

Date