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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Detailer's Choice, Inc.**

P.O. Box 161820  
Altamonte Springs, FL 32716-1820  
407-701-9116

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. DETAILER'S CHOICE, INC.  
(Corporation Name) (Document #) 000002994280-2  
-09/22/99-01103-001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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☐ Certified Copy

☐ Mail out

☐ Will wait

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☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**ARTICLES OF INCORPORATION  
OF  
DETAILER'S CHOICE, INC.  
(a Florida corporation)**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**THE UNDERSIGNED**, acting as sole incorporator of **DETAILER'S CHOICE, INC.**, under Chapter 607 of the Florida Statutes, hereby adopts the following Articles of Incorporation for such corporation:

**ARTICLE I**

**Name**

The name of the corporation is **DETAILER'S CHOICE, INC.**

**ARTICLE II**

**Principal Office and Mailing Address**

The principal office and mailing address of the corporation is 540 Ridgeview Way, Apt. 307, Altamonte Springs, Florida 32714. The location of the principal office shall be subject to change as may be provided in bylaws duly adopted by the corporation.

**ARTICLE III**

**Shares**

The corporation shall have authority to issue Ten Thousand (10,000) shares of Common Stock, One Cent (\$0.01) par value per share.

**ARTICLE IV**

**Initial Registered Office and Agent**

The address of the initial Registered Office of the corporation is 540 Ridgeview Way, Apt. 307, Altamonte Springs, Florida 32714 and the initial Registered Agent at such address is Brian L. Pullen.

**ARTICLE V**

**Incorporator**

The name and address of the sole incorporator of the corporation is: Brian L. Pullen, 540 Ridgeview Way, Apt. 307, Altamonte Springs, Florida 32714.

**IN WITNESS WHEREOF**, these Articles of Incorporation have been signed by the undersigned incorporator this 12 day of September, 1999.

**ACCEPTANCE OF APPOINTMENT  
BY INITIAL REGISTERED AGENT**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TILE UNDERSIGNED**, having been named in Article IV of the foregoing Articles of Incorporation as initial Registered Agent at the office designated therein, hereby accepts such appointment and agrees to act in such capacity. The undersigned hereby states that it is familiar with, and hereby accepts, the obligations set forth in Section 607.0505, Florida Statutes, and the undersigned will further comply with any other provisions of law made applicable to it as Registered Agent of the corporation.

**DATED**, this 12 day of September, 1999.

**REGISTERED AGENT:**

By: B. L. Pullen  
**BRIAN L. PULLEN**  
As Agent and Authorized Signator

STATE OF FLORIDA  
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 12 day of September, 1999. Such person did not take an oath and: *(notary must check applicable)*

- ☒ is/are personally known to me.
- ☐ produced a current Florida driver's license as identification.
- ☐ produced \_\_\_\_\_ as identification.

{Notary Seal must be affixed}



Michael Walter McNatt  
My Commission CC571750  
Expires Jul. 23, 2000

Signature of Notary

Name of Notary (Typed, Printed or Stamped)

Commission Number (if not legible on seal): \_\_\_\_\_

My Commission Expires (if not legible on seal): \_\_\_\_\_