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E. K. WILLIAMS OF EAST CENTRAL FLORIDA

415 W. MAGNOLIA AVENUE • MERRITT ISLAND, FLORIDA 32952 • PHONE 452-5854

September 29, 1999

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

700003003637--7
-10/04/99--01047--019
122.50 **78.75

re: All Auto Repair & Service
Station of Debary Inc.

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with a check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

If you need any additional information I can be contacted by telephone at (407)452-5854 or Fax at (407)453-0131.

Very truly yours,


Georgia A Atchison

encl

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

CB
10-5-99
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ARTICLES OF INCORPORATION

of

All Auto Repair & Service Station of Debary Inc.

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTICLE I - CORPORATE NAME

The name of the corporation is:

All Auto Repair & Service Station of Debary Inc.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 100 shares of common stock, par value \$ 1.00 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS	140 South Highway 17-92		
CITY	Debary	FLORIDA	ZIP 32713

Mailing address, if different

STREET ADDRESS			
CITY		FLORIDA	ZIP

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	JoAnna Clark		
ADDRESS	140 South Highway 17-92		
CITY	Debary	STATE Florida	ZIP 32713

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TALLAHASSEE FLORIDA

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	JoAnna Clark		
ADDRESS	140 South Highway 17-92		
CITY	Debary	STATE	Florida
ZIP	32713		
NAME			
ADDRESS			
CITY		STATE	
ZIP			
NAME			
ADDRESS			
CITY		STATE	
ZIP			

ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	JoAnna Clark		
ADDRESS	140 South Highway 17-92		
CITY	Debary	STATE	Florida
ZIP	32713		
NAME			
ADDRESS			
CITY		STATE	
ZIP			
NAME			
ADDRESS			
CITY		STATE	
ZIP			

The undersigned incorporator(s) have executed these Articles of Incorporation this 28th day of September, 19 99

JoAnna Clark (Signature)

____ (Signature)

____ (Signature)

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

All Auto Repair & Service Station of Debary Inc.

(name of corporation)

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Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 140 South Highway 17-92 Debary, Fl 32713

has named JoAnna Clark

located at the aforesaid address, as its registered agent to accept service of process within this state.

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.

JoAnna Clark
(Signature)

10-1-99
(Date)