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

SUBJECT:

CERTIFIED AUTOMOTIVE RETAILERS, 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

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

**□**\$78.75

\$87.50

Filing Fee

& Certified Copy

Filing Fee,

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:

MCFADDEN ANN

Name (Printed or typed)

P.O. Box 17341

Address

TAM PA

ろろん82

City, State & Zin

813-933-6331

Daytime Telephone number

A. Howell DEC 8 1999

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

FROM : HSSTAMPA

FAX NO. : 8139331560 "

Novagen #399604; 1911/19 197

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## 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:

CERTIFIED AUTOMOTIVE RETAILERS, INC

ARTICLE II PRINCIPAL OFFICE

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

4308 W. CAYUEA

TAMPA PL 33414

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED ACENT AND STREET ADDRESS

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

Louis Romero

4308 W. CAYUGA

TAMPA FL 33614

ARTICLE V INCORPORATOR

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

DENNIS WILLIAMS

4308 W. CAYUGA ST

TAMPA FL 3,8614

Signature/Incorporator

11-30-99

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 haveby 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

11.30-99

Date