# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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# ARTICLES OF INCORPORATION OF HOMETOWN MOTORS & SERVICE, INC.

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

The name of the corporation shall be: Hometown Motors & Service, Inc.

#### **ARTICLE II**

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

# 100 NE EGLIN PARKWAY WALTON BEACH, FL 32547

### **ARTICLE III**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000 Shares - \$1.00 per share

## **ARTICLE IV**

The name and address of the initial registered agent is:

MICHAEL D. ALFORD 1717 PINE AVENUE NICEVILLE, FL 32578

### ARTICLE V

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

MICHAEL D. ALFORD 1717 PINE AVENUE NICEVILLE, FL 32578

## **ARTICLE VI**

The initial shareholders and their addresses of this corporation are:

MICHAEL D. ALFORD 1717 PINE AVENUE NICEVILLE, FL 32578

## ARTICLE VII

The initial officers and their addresses of this corporation are:

MICHAEL D. ALFORD, President, VP, Sec. & Treas. 1717 PINE AVENUE NICEVILLE, FL 32578

MICHAEL D. ALFORD, Incoporator

# <u>CERTIFICATE OF DESIGNATION REGISTERED</u> <u>AGENT/REGISTERED OFFICE</u>

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida

1. The name of the corporation is:

HOMETOWN MOTORS & SERVICE, INC.

2. The name and address of the registered agent and office is:

MICHAEL D. ALFORD 1717 PINE AVENUE NICEVILLE, FL 32578

OATH OF REGISTERED AGENT

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Having been named as registered agent and to accept service of process of 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 statues 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.

MICHAEL D. ALFORD

STATE OF FLORIDA

COUNTY OF OKALOOSA

The foregoing instrument was acknowledged before me this day of November, 1999, by MICHAEL D. ALFORD, who is personally known to me and who did/did not take an oath.

NOTARY PUBLIC

PRINTED NAME: Sonya D. YOFK

