TRANSMITTAL LETTER

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

SUBJECT:	Honizon	Motors	NC.		
	(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 Filing Fee

\$78.75 Filing Fee

& Certificate

\$122.50

Filing Fee

& Certified Copy

\$131.25

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

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

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), 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: HORIZON MOTORS INC. ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 397 B Enterprise Street, Ocoee, FL. 32617 The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 500 Shares of Common Stock, No Par Value ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent is: Gaspar Carvajal 13816 Lacebark Pine Road, Orlando, FL. 32832-6580 ARTICLE V INCORPORATOR The names and address of the incorporator to this Articles of Incorporation are: Gaspar Carvajal D/P/T/S 13816 Lacebark Pine Road, Orlando, FL. 32832-6580 Signature/Incorporator Date Signature/Incorporator Date Signature/Incorporator Signature/Incorporator Date 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 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.

Signature/Registered Agent Date