

PO4000169700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

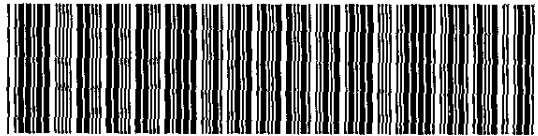
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only

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04 DEC 17 PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
04 DEC 17 AM 11:31  
DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

12/20/04  
AS

EXPRESS CORPORATE FILING SERVICE INC.  
Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101  
Address

CORAL GABLES, FL 33134 (305) 444-4994  
City/State/Zip Phone #

OFFICE USE ONLY

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

- 1. American Plus Transmissions, INC  
(Corporation Name) (Document #)
- 2. \_\_\_\_\_  
(Corporation Name) (Document #)
- 3. \_\_\_\_\_  
(Corporation Name) (Document #)
- 4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in
- Pick up time \_\_\_\_\_
- Certified Copy
- Mail out
- Will wait
- Photocopy
- Certificate of Status

NEW FILINGS	
<input checked="" 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

Examiner's Initials

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the Corporation shall be:

AMERICAN PLUS TRANSMISSIONS, INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

10616 SW 185 TERR., MIAMI, FL

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

DOING BUSINESS IN FLORIDA.

**ARTICLE IV SHARES**

The number of shares of stock is:

300

**ARTICLE V INITIAL OFFICERS/DIRECTORS**

The name(s), address(es) and title(s):

EFREN CABRERA – 11941 SW 175 ST., MIAMI, FL 33157 P/SVT

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

EFREN CABRERA – 11941 SW 175 ST., MIAMI, FL 33157

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

EFREN CABRERA – 11941 SW 175 ST., MIAMI, FL 33157

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TALLAHASSEE, FLORIDA

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

*[Handwritten Signature]*

Signature/Registered Agent

*12-14-04*

Date

*[Handwritten Signature]*

Signature/Incorporator

*12-14-04*

Date