

P 11000027325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

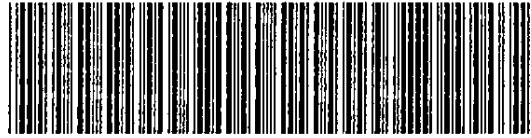
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800197650588

03/16/11--01018--004 **70.00

FILED
2011 MAR 16 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8

COVER LETTER

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

SUBJECT: TNT DIESEL REPAIR INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: ANTHONY CELI

Name (Printed or typed)

1112 CHATEAU CIRCLE

Address

MINNEOLA FL 34715

City, State & Zip

407-970-8449

Daytime Telephone number

SUSANCELI@YMAIL.COM

E-mail address: (to be used for future annual report notification)

2011 MAR 16 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

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: TNT Diesel Repair Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
520 MAGNOLIA STREET
WINTER GARDEN FL 34787
407-970-8449

Mailing address, if different is:
C/O ANTHONY CELI
1112 CHATEAU CIRCLE
MINNEOLA FL 34715

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
DIESEL TRUCK REPAIR AND MAINTENANCE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANTHONY CELI, PRESIDENT
Address: 1112 CHATEAU CIRCLE
MINNEOLA FL 34715

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: SUSAN CELI
Address: 1112 CHATEAU CIRCLE
MINNEOLA FL 34715

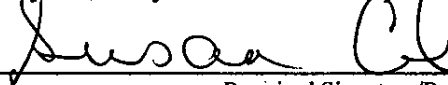
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANTHONY CELI
Address: 1112 CHATEAU CIRCLE
MINNEOLA FL 34715

FILED
2011 MAR 16 PM 3:3
SECRETARY OF STATE
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

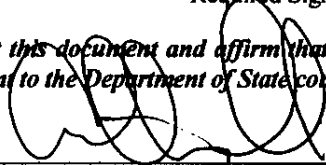


Required Signature/Registered Agent

03/15/2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

03/15/2011

Date