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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CORPORATE ACCESS, INC.
Account Number : ECA000000011
Phone : (850) 222-2666
Fax Number : (850) 222-1666

Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
TRUCK WRKS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Truck Wrks, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 4618 University Dr. #248
Coral Springs, FL 33067
Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: to engage in any lawful act or activity for which
a corporation may be organized under the general corporation law of Florida.

ARTICLE IV SHARES
The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Kerry Clegg, President/Director</u>	Name and Title:	<u>Lisa Clegg, Secretary/Director</u>
Address:	<u>23534 Millstone Place</u>	Address:	<u>23534 Millstone Place</u>
	<u>Murrieta, CA 92562</u>		<u>Murrieta, CA 92562</u>

Name and Title:	<u>Harry Major, CEO</u>	Name and Title:	
Address:	<u>527 E. Alameda St. #3</u>	Address:	
	<u>Santa Fe, NM 87501</u>		

Name and Title:	<u>Travis Pugmire, CFO</u>	Name and Title:	
Address:	<u>27329 Sweetapple Terrace Pl.</u>	Address:	
	<u>Murrieta, CA 92562</u>		

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(cont.)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Linda Major, Esq.
Address: 4613 University Dr. #248
Coral Springs, FL 33067

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Dawn DuRocher
Address: 1660 Spruce St, Ste. 410
Riverside, CA 92507

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.

[Signature]
Required Signature/Registered Agent

01/14/2013
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.

[Signature]
Required Signature/Incorporator

01/14/2013
Date

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