TRANSMITT LETTER 3 OF APR 20 AM 8: 26

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SLCRETARY OF STATE TALLAHASSEE, FLORIDA

SUBJECT: DRAGON MOTORCYCLES INC. (Proposed corporate name - must include suffix)								
		21	30003171 -03/2//06/0 ******//4/20/	7.37 9. 1937- 909 1944+74.5 0				
Enclosed is an original and one (1) copy of the articles of incorporation and a check for:								
☐ \$70.00 Filing Fee	X \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED					
FROM: CARLOS RODRIGUEZ Name (Printed or typed)								
18870 NW 19 STREET 7000031817979 Address -03/23/0001093009 *****78.75 *****78.75								
PEMBROKE PINES, FI. 33029 City, State & Zip								
	954-410-2075 Daytime Te	lephone number		TELL - A THE .				

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

P4 4 20



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 29, 2000

CARLOS RODRIGUEZ 18870 NW 19 ST PEMBROKE PINES, FL 33029

SUBJECT: DRAGON MOTORCYCLES INC.

Ref. Number: W00000008350

We have received your document for DRAGON MOTORCYCLES INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please correct Article III. A Professional Corporation applies to Professional Associations only.

If you have any further questions concerning your document, please call (850) 487-6915.

Contino made please. Continu to process. Chank you.

Pamela Hall Document Specialist

Letter Number: 500A00017207

ARTICLES OF 1	NCORPORATION Chapter 607 and/or Ch	ON	t)	-	÷
In compliance with C	napter 607 and/of Cit	iapier 021, 1.5. (1101))		
ARTICLE I	NAME	+ # · · · · · · · · · · · · · · · · · ·	والمساح والمراش المراشي	FILED	
The name of the corp	oration shall be:		On /	IPD 20	
DRAGON MOTO	RCYCLES INC.		,	IPR 20 AM 8: 2	6
			2£UA	ETARY OF STATE	
ADTICLE II	PRINCIPAL O	FFICE	, Mrrt	ETARY OF STATE HASSEE, FLORID	Δ
The principal place o	f business/mailing add	lress is:	n Merican (表別語) (ALL)() (Administration of the second o	off and a second
2037 S.W. 3					
PEMBROKE PI	INES, FL. 330	009			· <u>.</u> .
ARTICLE III	PURPOSE	no postan e piña distribu	ر العربية المستخدم ا		
The purpose for whi	ch the corporation is	organized is:			
SUB CHAPTER	S CORPORATION	<u> </u>			-
ARTICLE IV	SHARES				-
The number of share		to the section in the second	; ' ' . —	रक्ष्यं वर्षे	Total
20 SHARES					
-	YELVOYAL OFF	ACEDO ATOROTO	oc	-	-
	INITIAL OFFI	ICERS/DIRECTOR	<u> </u>	. The second sec	_ <u></u>
The name(s) and add	oress(es):	ADTEL ALFONZO)		
18870 N.W.	RIGUEZ 19 STREET /	2518 S.W. 177	AVENUE		
PEMBROKE P	INES, FL. 33029	9 MIRAMAR, FL.	33029	-	··· ·
ARTICLE VI	REGISTEREI ida street address reg	oistered agent are:	A THE TAXABLE PARTY	± '++ →	San
The hame and Flori	iua street address 10g	gistered agent are:	es at a	- · · .	
CARLOS ROD					
18870 N.W.	19 STREET TNEC FL 33029	9 .	·		
ARTICLE VII	INES INCORPORA	<u>TOR</u>	Albert State Communication	· — — — — — — — — — — — — — — — — — — —	
The name and add	cess of the Incorporato	or are:	· · · ·		
CARLOS ROD	RTGUEZ	_			
40070 37 77	40 CMDBBM	· · · · · · · · · · · · · · · · · · ·	والمعاولة والمعاونة والمعا		e ske ske ske ske ske sk
*****PEMPROKE**P	INES************************************	g*************************************	r the above stated corpo	ration at the place de	signated in
I handhu	goognet the appointment a	is revistered agent and ag	ree to act in this capacity	i. I juriner agree w	жирту ччин
the provisions of all sta	tutes relating to the prope	er and complete performa	nce of my duties, and I	am familiar with and	l accept the
obligations of my position	on as regis tered agent.		っ	2/-00	
	-XVI	<u></u>	<u> </u>	21-00	
Signature	Registered Agent		_	Date	
	The state of the s		3	21-00	
Signatur	e/Incorporator		ing kan di g <u>wi</u> n kan di na	Date	
	/				