

PO00000046019  
TRANSMITTAL LETTER

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

800003241508--  
-05/05/00--01090--015  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: TRANS MAX TRANSMISSIONS INC.  
(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 of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: SAM Myers  
Name (Printed or typed)

P.O.B. 35  
Address

Zellwood FL 32798  
City, State & Zip

407 880-3303  
Daytime Telephone number

FILED  
2000 MAY -5 AM 11:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Maria Myers GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT II  
DATE 5-9-00  
DOC. EXAM AR

AR 5/9

**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:

TRANS MAX TRANSMISSIONS INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1210 N. SEMORAN BLVD.  
Orlando, FL 32807

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

profit

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s) and address(es):

**ARTICLE VI REGISTERED AGENT**

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

SAMUEL O MYERS  
5542 KING AVE  
ZELLWOOD, FL 32798-0035

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

SAMUEL O MYERS  
POB 35  
ZELLWOOD, FL 32798

\*\*\*\*\*  
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

Samuel O Myers  
Signature/Registered Agent

4-20-00  
Date

Samuel O Myers  
Signature/Incorporator

4-20-00  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2000 MAY -5 AM 11:26

FILED