# POODS STATE SOLUTION OF THE SO

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

SUBJECT: Tr	ansmission World, I	nc. TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)	
		3	00003385 -09/07/00 *****78.75	-01062005
Enclosed is an original	al and one(1) copy of the article	es of incorporation and a	check for:	_
□ \$70.00 Filing Fee	\$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:		inted or typed)		
	CWETARY CLAHASSEF	OO SEP - 7 PM		
	(305) 887-1016 Daytime Tel	ephone number	FLORID	

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

Δ	RTI	T. I	rs o	E IN	COD	DAD A	TION
т				PIN	1 1 1 1 1 1	PE 112 4	

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

### ARTICLE I NAME

The name of the corporation shall be:

Transmission World, Inc.

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SECRETARY OF STATE TALLAHASSEE FLORIDA

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2760 West 3rd Avenue Hialeah, FL 33010

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Automotive repair

### ARTICLE IV SHARES

The number of shares of stock is:

100

# ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Vidal Suarez, 5215 SW 103 Avenue, Miami, FL 33165

### REGISTERED AGENT

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

Robert McConnell, C.P.A., 7815 SW 97 Place, Miami, FL

# <u>ARTICLE VII INCORPORATOR</u>

The name and address of the Incorporator is:

Vidal Suarez, 5215 SW 103 Avenue, Miami, FL 33165

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

9/3/2000 Date Refer M' Consell, C.P.A.
Signature/Registered Agent