TRANSMITTAL LETTER

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

ARC ELECTRONIC REPAIR, 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

\$122.50

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

ARC ELECTRONIC REPAIR

Name (Printed or typed)

2841 LAWHON ROAD WEST

CALLAHAN, FL 32011 City, State & Zip

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

ARTICLES OF INCORPORATION

FILED

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The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: ARC ELECTRONIC REPAIR, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2841 LAWHON RD. W. CALLAHAN, FL 32011

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: $ONE\ THOUSAND\ (1,000)\ COMMON$.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

KIMBAL P. HUTCHINSON 2841 LAWHON RD. W. CALLAHAN, FL 32011

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

KIMBAL P. HUTCHINSON 2841 LAWHON RD. W. CALLAHAN, FL 32011

Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

Date