P0/0000110/3

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

Tallahassee, FL 3231	4	9	-01/29/01 01/29/01 *****87.50	0795)1095025 *****87.50
SUBJECT: METRO-DADE TRANSMISSION & Hydraulies Corpo. (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 \$78.75 \$87.50				
\$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	N. 29 EE, FLORIDA
FROM:	M Any Y Name (Pr	R PUI6-	 .	
	2847	SW 37 ct	<u> </u>	
	MbM1, FC. 33134 City, State & Zip			
365) 445-1954 Daytime Telephone number				

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



ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

METRO-DADE TRANSMISSION & HYDRAULICS, CORP.

ARTICLE II PRINCIPAL OFFICE

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

1893 N W OPA-LOCKA BLVD. OPA-LOCKA, FL. 33054

ARTICLE III SHARES

The number of shares of stock that thes corporation is authorized to have outstanding at any one time is:

500 Shares at \$ 1.00 per value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

CELSO M. MEJIA 1893 N W OPA-LOCKA BLVD OPA-LOCKA, FL 33054

ARTICLE V INCORPORATOR

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

HAROLD E. FLORES 1893 NW OPA-LOCKA BLVD OPA-LOCKA, FL. 33054

Signature Incorporator

01-23-01

OLYMPO PHID: 29

Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificarte, I hereby accept the appoinament 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

01-23-01 Date

OI JAN 29 PH 12: 29
SECRETARSSEE, FLORIDA