CORPORAT ACCESS, 236 East 6th Avenue . Tallahassee, Florida 32303

INC.

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP 3/27/01 11:00

CERTIFIED COPY	· -	1cus 15			
		XILING P	rhicles	01 MAR 27 SECRETARY TALLAHASSE	
.) D3 B Mobile TY (CORPORATE NAME & DOCUMENT #)	nck Rep	airs Ju	c.	RM 12: 55 CF STATE EE FLORIDA	
(CORPORATE NAME & DOCUMENT #)		<u></u>			
(CORPORATE NAME & DOCUMENT #)			100003 -03/27 *****	91169 70101021 78.75 ***	1 r 021 **78.75
(CORPORATE NAME & DOCUMENT #)		·			·
(CORPORATE NAME & DOCUMENT #)		· · · · · · · · · · · · · · · · · · ·	:	01 IO	<i>¥</i> * <u>.=</u>
SPECIAL INSTRUCTIONS				Ch	
				MY 9: 53	<u> </u>
	<u> </u>			<u> </u>	- * - 1 %1

ARTICLES OF INCORPORATION

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

ARTICLE I

The name of the corporation shall be: D & B MOBILE TRUCK REPAIRS

ARTICLE II

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

21500 NW 7 CT PEMBROKE PINES FL 33029

The mailing address of this corporation shall be:

21500 NW 7 CT PEMBROKE PINES FL 33029

ARTICLE III

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

500 Shares

ARTICLE IV

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

ANDREWS DALE 4200 SHERIDAN ST APT. 359 HOLLYWOOD FL 33021

ARTICLE V

The name and the address of the incorporator to these articles of Incorporation is:

ANDREWS DALE 4200 SHERIDAN ST APT. 359 HOLLYWOOD FL 33021 BRUCE MCMURDY 21500 NW 7 CT PEMBROKE PINES FL 33029

Signature/Incorporator

3-23-01

Date

Signature/Incorporator

5-20

Date

Page 2

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 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

Dale andrews
Signature/Registered Agent

Date

OTMAR 27 PH 12: 5:
SECRETARY OF STATE
MULAHASSEE FLORIDA