

P01000064848
TRANSMITTAL LETTER

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

HERCULES P.O.D. SERVICE-REPAIRS, INC.

SUBJECT:

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

300004447923--3
-06/27/01--01063--009
*****70.00 *****70.00

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

DONNA SACCO

FROM:

Name (Printed or typed)
5400 S. UNIVERSITY DRIVE, #403

Address
DAVIE, FLORIDA 33328

City, State & Zip
(954) 680-4818

Daytime Telephone number

FILED
01 JUN 27 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

gpc/29

Articles of Incorporation
of
HERCULES P.O.D. SERVICE-REPAIRS, INC.

01 JUN 27 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE I. NAME

The name of the Corporation shall be: HERCULES P.O.D. SERVICE-REPAIRS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
824 B EAST PROSPECT ROAD
OAKLAND PARK, FLORIDA 33334

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: (ONE HUNDRED) 100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

VASILIOS VALAZIOTIS
4052 SW 67TH TERRACE
DAVIE, FLORIDA 33314

ARTICLE V INCORPORATOR

The name and address of the incorporator to these articles are: DONNA SACCO, C/O 5400 S. UNIVERISTY DRIVE, #403, DAVIE, FLORIDA 33328.

Donna M. Sacco
Signature/Incorporator

6-14-2001
Date

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

Having been named as registered agent and to accept services 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 to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Vasilios Valaziotis
Signature/Registered Agent

6-19-01
Date