TRANSMITTAL LETTER

# P01000077180

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

SUBJECT:

MASTER AUTO MECHANICS AND TRANSMISSIONS, INC.

Proposed corporate name - must include suffix

800004512878---4 -08/02/01--01055--015 \*\*\*\*\*78.75 \*\*\*\*\*\*78.75

Enclosed is and original and one (1) copy of the articles of incorporation and a check for \$78.75 in payment of the *Filing Fee & Certificate of Status*.

FROM:

SCHNEIDER FINANCIAL SERVICES, INC.

5719 JOHNSON STREET, SUITE 1

**HOLLYWOOD, FL 33021-5633** 

954-963-7210 - out of office Daytime Telephone Number 501-791-1401-no answer OI AUG -2 AN 9:51
SEGNETARY OF STATE

8/7 W

201-16314



#### FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

July 16, 2001

SCHNEIDER FINANCIAL SERVICES, INC. 5719 JOHNSON STREET, STE 1 HOLLYWOOD, FL 33021-5633

SUBJECT: MASTER AUTO MECHANICS AND TRANSMISSIONS, INC.

Ref. Number: W01000016314

We have received your document for MASTER AUTO MECHANICS AND TRANSMISSIONS, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

Your document will be retained in our pending file.

The corporate filing fees for profit and nonprofit, domestic or foreign are as follows:

Filing Fees	\$35.00
Registered Agent	•
Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6924.

Kimberly Rolfe
Corporate Specialist Supervisor
New Filings Section

Letter Number: 501A00041670

### ARTICLES OF INCORPORATION

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

#### ARTICLE I NAME

The name of the corporation shall be:

MASTER AUTO MECHANICS AND TRANSMISSIONS, INC.

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SECRETARY OF STATE AHASSEF, FLORE

#### ARTICLE II PRINCIPLE OFFICE

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

6201 PEMBROKE ROAD PEMBROKE PINES, FL 33023

#### ARTICLE III SHARES

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

#### 1,000 SHARES OF COMMON

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

CAROL COLON 6201 PEMBROKE ROAD PEMBROKE PINES, FL 33023

#### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

JEFFREY A. SCHNEIDER

SCHNEIDER FINANCIAL SERVICES, INC.

5719 JOHNSON ST, SUITE 1

HOLL WOOD, FL 33021-5633

grature of Incorporator

7/1/2001

Date

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

Signature of Registered Agent

7/1/200

Date