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TRANSMITTAL LETTER

FILED
01 AUG -6 PM 5:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: TROPICAL PERFORMANCE ENGINEERING, INC.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

FUUU045184497--8
-08/06/01--01018--024
*****78.75 *****78.75

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

FROM: LAMAT CARE SERVICES, FOR PHILLIP JACOB
Name (Printed or typed)

7809 N. 14th STREET
Address

TAMPA, FLORIDA, 33612
City, State & Zip

(813) 239-3334
Daytime Telephone number

PHILLIP JACOB GAVE
AUTHORIZATION BY PHONE TO
CORRECT Art. II
DATE 8/3/01
DOC. EXAM Doris Brown

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

AUG 13 2001

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

TROPICAL PERFORMANCE ENGINEERING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1502 EAST HILLSBOROUGH AVE
TAMPA, FLORIDA
33603

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

AUTOMOBILE REPAIR

ARTICLE IV SHARES

The number of shares of stock is:

300 (Common Shares)

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

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

Phillip Jacob
17809 NORTH 14th Street
Tampa, Florida

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

CAROLYN JACOB
c/o Community University Hospital
FLETCHER AVE
TAMPA, FL 33612

****

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Phillip Jacob
Signature/Registered Agent

7-30-01
Date

Carolyn L Jacob
Signature/Incorporator

Date