

PO1000086937

TRANSMITTAL LETTER

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

700004565617-3  
-08/31/01-01035-003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Peugeot Motorcycle Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Guido Baechler  
Name (Printed or typed)

7875 Red River Rd.  
Address

West Palm Beach, FL 33411  
City, State & Zip

(561) 248-9549  
Daytime Telephone number

FILED  
01 AUG 31 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

9-4-01  
WC

## ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be:

Peugeot Motorcycles Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7875 Red River Rd.  
West Palm Beach, FL 33411

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Manufacturing + distributing motorcycles

### ARTICLE IV SHARES

The number of shares of stock is:

100 shares @ \$ 1.00

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

### ARTICLE VI REGISTERED AGENT

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

Monika Baechler  
7875 Red River Rd.  
West Palm Beach, FL 33411

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Monika Baechler  
7875 Red River Rd.  
West Palm Beach, FL 33411

\*\*\*\*\*

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

  
\_\_\_\_\_  
Signature/Registered Agent

08/30/01  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

08/30/01  
\_\_\_\_\_  
Date

FILED  
01 AUG 31 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA