TRANSMITTAL LETTER

P02000101724

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

SUBJECT: AUTOMMAN, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for	Encl	losed is an	original a	and one(1)	copy of	the articles (of incorporation	n and a check fo
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□ \$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 CO	PY REQUIRED

FROM: AUTOMMAN, Inc. Name (Printed or typed) 5751 SW39H Street Address Davie FL 33314 City, State & Zip	02 SEP 19 AM 8: 41 SECRETARY OF STATE TALLAHASSIEL FLORIDA	T T C
305-525-0023	> -	
Daytime Telephone number	_	

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

BM 9/00 2

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: AUTOMMAN, INC.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 575 S.W. 39 ST. DAVIE, FL 333 4 ARTICLE III PURPOSE The purpose for which the corporation is organized is: TO 00 LEGAL BUSINESS IN THE STATE	OF FLORIDA
ARTICLE IV SHARES The number of shares of stock is: 500 SHARES ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):	
YUJI NAMMOTO 5751 S.W. 39 ST. DAVIE, FL 33314 ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: YUJI NAMMOTO	OZ SEP 19 MM 8: SEGNE AND OF STALLANASSIES FLOR
575 S.W. 39 ST. DAVIE, PC. 333 4 ARTICLÉ VII INCORPORATOR The name and address of the Incorporator is: KIM NAMMOTO 575 S.W. 39 ST. DAVIE FC. 3333 4 ********************************	***************
Having been named as registered agent to accept service of process for the above stated corpora certificate, I am familiar with and accept the appointment as registered agent and agree to act in	9/16/02
Am Munot	Date Place

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