

P02000103286

TRANSMITTAL LETTER

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

FILED
02 SEP 23 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLEET REPAIR, INC.

Subject: _____

(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

 X \$70.00
Filing Fee

 \$78.75
Filing Fee &
Certificate

 \$122.50
Filing Fee &
Certified Copy

 \$131.25
Filing Fee,
Certified Copy &
Certificate

ADDITIONAL COPY REQUIRED

800007946468--3
-09/23/02--01052--016
*****70.00 *****70.00

FROM: MELVIN O'DELL

Name (printed or typed)

1625 SOUTH MYRTLE AVENUE

Address

CLEARWATER, FL 33756

City, State & Zip

(727) 584-2322

Daytime Telephone number

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

g 9/25

ARTICLES OF INCORPORATION

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

ARTICLE 1 NAME

The name of the corporation shall be

FLEET REPAIR, INC.

ARTICLE 11 PRINCIPAL OFFICE

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

1625 SOUTH MYRTLE AVENUE
CLEARWATER, FL 33756

ARTICLE III SHARES

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

ONE THOUSAND SHARES OF ONE DOLLAR PAR VALUE COMMON STOCK

ARTICLE 1V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MELVIN O'DELL
1625 SOUTH MYRTLE AVENUE
CLEARWATER, FL 33756

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ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

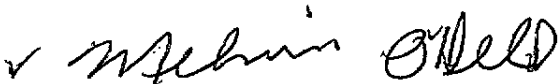
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

MELVIN O'DELL
1625 SOUTH MYRTLE AVENUE
CLEARWATER, FL 33756

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

____ 1st ____ day of OCTOBER, 2002

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



Signature

Signature

Signature

Notarization is not required

Note: Affixing an officer title after signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: FLEET REPAIR, INC.

2. The name and address of the registered agent and office is:

MELVIN O'DELL

(Name)

1625 SOUTH MYRTLE AVENUE

(P.O. Box or Mail Drop Box Not Acceptable)

CLEARWATER, FL 33756

(City/State/Zip)

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

✓ Melvin O'Dell

(Signature)

(Date)

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