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(Requestor's Name)	
(Address)	
(Address)	<u> . . </u>
(City/State/Zip/Phone #)	<u></u>
	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	9
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TRANSMITTAL LETTER		
Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	O3 JAN IS AMILE IL	
SUBJECT: <u>NEW Transmission Rebuilding Ind</u> (PROPOSED CORPORATE NAME - <u>MUST INCLUDE SUPPER</u>)		
Enclosed is an original and one(1) copy of the article \$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	 A \$78.75 Filing Fee Certified Copy Certificate of Status 	
ADDITIONAL COPY REQUIRED FROM: NADER Name (Printed or typed)		
1584 Lec Ave Address Tallahasse FL J2303 City, State & Zip		
(850) 627 - 8998 Daytime Telephone number		

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

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: NEW Trasmission Rebuilding THL JAN AN J ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1131 W Jefferson st. Quincy FL 3235 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Auto repair ARTICLE IV SHARES The number of shares of stock is: \mathcal{Z} ARTICLE V INITIAL OFFICERS (DIRECTORS (optional) press du A_1584 lee Ave Tallahalle FL The name(s), address(es) and title(s): TALA NRDER Wayne MIMBS JR 1238 Krisker Lynn Tallaharres F-1 108 Tallahassee F-L ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: TAIA 1584 Lee Ave Talluhasp FL 32303 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: NADER TA LA Ave Tallahassa FL 32305 Lee 1584 ***** 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 Date // Signature/Registered Agent

Signature/Incorporator

Date