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TRANSMITTAL LETTER

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

SUBJECT: FLEE	ET SPECIALTIES INC			
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
Enclosed are an orig	inal and one (1) copy of the artic	les of incorporation and	a check for:	
□ \$70.00	☑ \$78.75	□ \$78.75	\$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
_	& Certificate of Status	& Certified Copy	Certified Copy	
		1,0	& Certificate of	
	}		Status	
		ADDITIONAL CO	PY REQUIRED	
	L			
FROM: _ ^{J(}	OHN I ELLIOTT	£2 •.		
Name (Printed or typed)				
	P O BOX 330			
Address				
PALM HARBOR, FL 34682				
City, State & Zip				
	813-410-1642			
Daytime Telephone number			<u> </u>	

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)

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: FLEET SPECIALTIES INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: P O BOX 330 PALM HARBOR, FL 34682

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SALE OF EMERGENCY VEHICLE EQUIPMENT

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): JOHN I ELLIOTT 95 EASTWINDS COURT PALM HARBOR, FL 34683-1310 PRESIDENT

ARTICLE VI REGISTERED AGENT

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

JOHN I ELLIOTT 95 EASTWINDS COURT PALM HARBOR, FL 34683-1310

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOHN I ELLIOTT 95 EASTWINDS COURT PALM HARBOR, FL 34683-1310

*************************	***********
Having been named as registered agent to accept service of process for the	
certificate, I am familiar with and accept the appointment as registered agent	and agree to act in this capacity
C Lund Text	12/03/03
Signature/Registered Agent	Date
Ca Detath	12/03/03
Signature/Incorporator	Date