P04000052862

(F	Requestor's Name)
(/	Address)
()	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	Business Entity Name)
([Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:





100031253401

U3/26/04--01069--016



TRANSMITTAL LETTER

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

SUBJECT: JOE'S COMPRESOR and Fro repair INC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
	(PROPOSED CORPORATE I			
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: STO DD M2D Name (Printed or typed)				
	5642 Wood	address /		
	Talla, City, S	2 32311 State & Zip		

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

Daytime Telephone number

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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:

Joes Compressor and tool Repair Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5642 woodvalley Rel

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Janiel Studdord

5642 woodvalley Rd

Talla, Fla 32311

ARTICLE VI REGISTERED AGENT

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

Jariel STODDOOR

5642 woodualley RA

|alla=F/4=323}| ARTICLE VII — INCORPORATOR

The name and address of the Incorporator is:

Daniel STOddard
ILLY, woodwolky Rd

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

"President"

saw (Holdas

Signature/Registered Agent

3/26/04

Signature/Incorporator