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TRANSMITTAL LETTER

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

SUBJECT: HH.	AUTO REPAIR INCORPO			
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	. .
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:	
□ \$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	-	
FROM. H	ECTOR HERNANDEZ			
1100,7,1	Name	e (Printed or typed)		· - T . B
	2717 OLD DIXIE HW	Y.		
		Address		 ,
	KISSIMMEE FLORIDA	4 3474 8		
`	City	, State & Zip		•
	407-344-4400			
•	Daytime	Telephone number		ι

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:
H H AUTO REPAIR INCORPORATED

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 2717 OLD DIXIE HWY. KISSIMMEE FLORIDA, 34743

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE CORPORATION MAY ENGAGE OR TRANSACT IN ANY OR ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAW OF THE UNITED STATES AND THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: 2,000 SHARES OF COMMON STCKS @ .50 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): HECTOR HERNANDEZ - DIRECTOR 2717 OLD DIXIE HWY. KISSIMMEE, FLORIDA 34743

ARTICLE VI REGISTERED AGENT

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

ANA HERNANDEZ 105 CARMEN COURT. KISSIMMEE, FLORIDA 34743

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

HECTOR HERNANDEZ 2717 OLD DEXIE HWY. KISSIMMEE, FLORIDA 34743

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

SLOKELAKY OF STATE TALLAHASSEE, FLORINA

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