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Office Use Only



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Jan 3-15-05

TRANSMITTAL LETTER

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

SUBJECT: Seda Transmissions Inc.			
	(Proposed of	orporate name - must includ	e suffix)
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Enclosed is an original and one(1) copy of the articles of incorporation and a check for:			
\$70,00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM:	Seda Transmissions Inc.		
	Name (Pr	Name (Printed or typed)	
445 NE 6th Avenue			
	Address		
	Delray Beach, F1.		
	City, State & Zip		
	(561) 265-0999		
Daytime Telephone number			

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

SECRETARY OF SAVIE

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Seda Transmissions Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 445 NE 6th Avenue
Delray Beach, F1. 33483

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
One hundred (100).

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: Fred Seda

834 Springdale Circle Palm Springs,F1. 33461

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are: Fred Seda

834 Springdale Circle Palm Springs,Fl. 33461

Signature/Incorporator

Doto

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

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 provisions 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

Signature/Registered Agent