P0500074084

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(assumed Links, reality)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

524 W05-24181



400053850554



TALLAHASSLE FLORIDA

\$ 5|23|05

TRANSMITTAL LETTER

2005 MAY 19 AT 9: 35

TALLAHASSEE FLORIDA

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

SUBJECT: NOTH Florida Transmissions Inc.
(PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

□ \$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 OPY REQUIRED		
FROM:	North Fioricla	Transmi (Printed or typed)	ssions Inc		
764 Shadeville Boad Address					
	Crawford U	ile Flor State & Zip	ida 3232		

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



PEOFINED

05 MAY 19 AH 8:00

FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Glenda E. Hood Secretary of State

May 12, 2005

NORTH FLORIDA TRANSMISSIONS INC. 764 SHADEVILLE ROAD CRAWFORDVILLE, FL 32327

SUBJECT: NORTH FLORIDA TRANSMISSIONS INC.

Ref. Number: W05000024181

We have received your document for NORTH FLORIDA TRANSMISSIONS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You may file using only one (1) registered agent and only one (1) has to sign. Please list the appropriate titles for the officers/directors.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden Document Specialist New Filings Section

Letter Number: 105A00034292

FALLAHASSEE & GRIDA

ARTICLES OF INCORPORATION	<u>.</u>
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	i .
ARTICLE I NAME The name of the corporation shall be:	2005 MAY 19 AF 9: 35
NORTH Florida Transmissions Inc.	TALLAHASSÉÉ FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
764 Shadeville Road Orpurporduille, F1 32327	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
Builds Transmissions	
ARTICLE IV SHARES The number of shares of stock is:	
\mathcal{A}	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	~e
James reamans & Lesive restrict	" uice presider
Hone > Cer Dakota Drive	
Home > Let Dakota Drive Crawfordville, Fl 32327 Business > 764 Shadeville Road Crawfor ARTICLE VI REGISTERED AGENT	~101 hr 151 3232
Business > 764 Shadeville Hoad Citycopor	
The name and Florida street address (P.O. Box NOT acceptable) of the registered	I agent ic
()255-6-8	ragent is.
James reomains Roced	
Crawford ville, F1 32327	
ARTICLE VII _ INCORPORATOR	
The name and address of the Incorporator is:	
iestie reomans	
LET DOUKOTA Drive	
Crawford ville El 32327	

Having been named as registered agent to accept service of process for the above stated corporate certificate, I am familiar with and accept the appointment as registered agent and agree to act in the	
- Games y samons	4/21/00
Signature/Registered Agent	Date _
Youshi Gomes_	Data
Signature/Inco., **f/r	Date

7