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SECRETALLAMASSEE, FLORIDA
TALLAMASSEE, FLORIDA

1.844,648 INN 08 5000

COVER LETTER

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

SUBJECT: TIRE & WHEEL REPLACEMENT SOLUTIONS, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	ginal and one (1) copy of the artic	les 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 o Status PY REQUIRED		
FROM: R	USSELL MOSS	(Printed or tuned)	ALLAn	SECHELL:	Ť
	Name ((Printed or typed)	IA)		and the reality
7635 MANDARIN DRIVE					m
Address				PH 2:	
BOCA RATON, FLORIDA 33433 City, State & Zip				2:19	ALC: Y
	•	•			
	561-305-8700				
	Daytime T	elenhone number			

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:

TIRE & WHEEL REPLACEMENT SOLUTIONS, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4701 N. FEDERAL HIGHWAY, SUITE 370, POMPANO BEACH, FLORIDA 33064

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SALES & MARKETING

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):

RUSSELL MOSS, PRESIDENT & SECRETARY 500 SHARES DEBORAH MOSS, VICE PRESIDENT & TREASURER 500 SHARES

REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

RUSSELL MOSS

4701 N. FEDERAL HIGHWAY, SUITE 370, POMPANO BEACH, FLORIDA 33064

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

RUSSELL MOSS

4701 N. FEDERAL HIGHWAY, SUITE 370, POMPANO BEACH, FLORIDA 33064

***************	***********
Having been named as registered abent to accept service of process for th	e above stated corporation at the place designated in this
certificate, I am familiar with/and dccept the appointment as registered age	ent and agree to act in this capacity
MAT	6-5-06
Signature/Registered Agent/	Date
/)/m	6-5-06
Signature/Incorporator/	Date