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

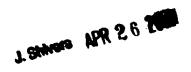
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COVER LETTER

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

SUBJECT: Mr. B's Alignment, 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	
FROM: Larry St. Amand Name (Printed or typed)	2811
906 SE 9th Street Address	ZIII APR 25 AM
Cape Coral, FL 33990 City, State & Zip	
239-707-8052 Daytime Telephone number	·O
caperules@hotmail.com E-mail address: (to be used for future annual report notification)	

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)

	orporation shall be:			
ARTICLE II	PRINCIPAL OFFICE Principal street address	Mailing add	Mailing address, if different is:	
(906 SE 9th Street	Maining add	ress, if different is.	
	Cape Coral, FL 33990			
7	Zape Wiai, i L Www	*****		
ARTICLE III	· · · ·			
	which the corporation is organized is: mobile alignments, brake repairs	and tire replacement.		
v orverri date	mobile anglimeme, braile repaire	ш., о ш. о тор ш. о то т		
ARTICLE IV The number of sha	SHARES res of stock is:100			
	INITIAL OFFICERS AND/OR DIREC	TORS		
	itle:Larry St. Amand, President			
Address:	906 SE 9th Street	Address:		
	Cape Coral, FL 33990			
Name and T	itle:	Name and Title:		
Address:				
	itle:	Name and Title:		
Address:				
APTICLE VI	REGISTERED AGENT		≥ s ≥	
	orida street address (P.O. Box NOT acceptal	ble) of the registered agent is:	SEC E	
Name:	Larry St. Amand		APR APR	
Address:	906 SE 9th Street		AS AS	
	Cape Coral, FL 33990		SEE 25	
4 D/5107 E) 1117	•		in €	
ARTICLE VII	<u>INCORPORATOR</u> dress of the Incorporator is:		三	
Name:	Larry St. Amand		95 = (7)	
Address:	906 SE 9th Street		6	
radiess.	Cape Coral, FL 33990		5	
			ar and a first consider	
Having been nam	ned as registered agent to accept service of p	process for the above stated corpor	tation at the place designated in	
inis certificate, i a	m familiar with and accept the appointment	as registerea agent ana agree to act	th this capacity	
	y St. and		4/22/11	
	Required Signature/Registered Ager	nt	Date	
I and and alice of	, , ,		oles information submitted in a	
I SUDMIT THIS GOOD	iment and affirm that the facts stated here epartment of State constitutes a third degree	in are irue. 1 am aware inai the fo felony as provided for in s.817.155	use injormation suomittea in a 5. F.S.	
	epartment of State Constitutes a triva degree	Jewing as provided you be storyers	1 1	
	MA ON	_	4/22/11	