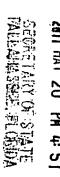
# P11000048497

(Re	equestor's Name)	
(Ad	ldress)	
(2)		
DA)	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special instructions to	Filing Officer:	
- Commence of the Contract of	Office Use On	lv



900198930579

03/24/11--01017--003 \*\*87.50



7. Burch HAY 23 2011,

### **COVER LETTER**

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

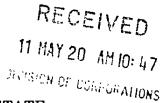
## SUBJECT: Transmission Rob & Mechanic Mike INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED
FROM: Sheila Riggs Name 260 24 th AVC	
Naples, Fl. 34 City, (239) 200 -1581 Daytime To	
E-mail address: (to be used	for future annual report notification)

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





### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 28, 2011

SHEILA RIGGS 260 24TH AVE NW NAPLES, FL 34120

SUBJECT: TRANSMISSION ROB & MECHNANIC MIKE INC.

Ref. Number: W11000017393

We have received your document for TRANSMISSION ROB & MECHNANIC MIKE INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected 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) 245-6928.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 111A00007470

**ARTICLES OF INCORPORATION**In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corpo	AME pration shall be: Trans mission R	ob é r	lechan	ic Mike	E INC.
ARTICLE II PI	RINCIPAL OFFICE Principal street address 942 Arnold Avc. Ant C			ress, if different i	•
ARTICLE III PU	Repose h the corporation is organized is:  Auto Repair		3		SECRETARY OF
ARTICLE IV SI The number of shares	<del></del>	g		÷.	PH 4:51
Name and Title: Address:		Name and Tir Address:	42.96 	14 9+Ne	
Name and Title: Address:			<del></del> .		
Name and Title: Address:		Name and Ti Address:			
	EGISTERED AGENT a street address (P.O. Box NOT acceptable) of Sheila Riggs also 24th Ave NW NGOICS FL. 34120	the registered a	gent is:		
	Scorporator  Sheila Riggs  260 24# Rve. NW  Naples, Fl. 34120	-			
this certificate, I am fa	as registered agent to accept service of process amiliar with and accept the appointment as regi	stered agent an			designated in
Sheila O.	Réquired Signature/Registered Agent	<del></del>		3/21/2 Dat	2 <i>011</i>
I submit this docume document to the Depa	nt and affirm that the facts stated herein are rtment of State constitutes a third degree felony	true. I am awa			submitted in a
Sheele	Required Signature/Incorporator			3/21/	2011 ate