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| (Red | questor's Name) | |
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| (Add | dress) | |
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| (City | //State/Zip/Phon | e #) |
| PICK-UP | WAIT | MAIL |
| (Bus | siness Entity Nar | me) |
| | | |
| (Dod | cument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
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Office Use Only



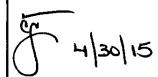
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COVER LETTER

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

| SUBJECT: | VT TIRES (PROPOSED CORPORA | & AUTO, | INC | | |
|-----------------------------|--|--|--|-----------|-------|
| | (PROPOSED CORPORA | I E NAME – <u>MUSI INCLI</u> | <u>ude suffix</u>) | | |
| Enclosed are an orig | ginal and one (1) copy of the arti | cles of incorporation and | l a check for: | 7 | |
| √ \$70.00 Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status | ☐ \$78.75 Filing Fee & Certified Copy | Certified Copy & Certificate of Status | | |
| | | ADDITIONAL CO | PY REQUIRED | _ | |
| FROM: | A. Van | Tran (Printed or typed) | | | |
| | 5977 36 th | r Ave North | | | |
| | Saint City, | h Ave North Address PeterSburg, State & Zip | Ŧ1.33710 | | |
| | 72 7 770 Daytime T | 6 9313 elephone number | ; | | |
| | Ke Rybkbe 72 E-mail address: (to be used | | notification) | 15 APR 27 | FILED |
| I | NOTE: Please provide the or | iginal and one copy of | the articles | H +: - | O |

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

| ARTICLE I NAM The name of the corporat | | VT T | RES & | AUTO | FW ED |
|--|---------------------------------|-------------|-------------------|---|--|
| | NCIPAL OFFICE | | | | APR 27 PM 4: 1 different is: |
| | Principal street address | <i>f</i> | 1 | | |
| <u> </u> | <u>36" Ave IV</u> | ORth | <u> </u> | T + 1 | OKETARY OF STATE LAHASSEE, FLOR ID |
| Saint | 36th Ave N Petersburg | , FL33 | 700 | | |
| ARTICLE III PUR The purpose for which t | POSE he corporation is organize | ed is: | Any and | all law | ful business |
| | | | J | | |
| | | | | | |
| - | | | | · • · · · · · · · · · · · · · · · · · · | |
| | | | | | |
| ARTICLE IV SHA The number of shares of | RES stock is: 100 a | et \$ 1.0 | 00 Par Va | elue | |
| | : A. Van T | | | | |
| | 5977 36th | • | 160 | | |
| Audiess | Saint Peter | | | | |
| | | | _ | | |
| Name and Title: | | | _ Name and Title: | | |
| Address | | | _ Address: | | |
| | | | _ | | |
| | | | | | |
| Name and Title: | - | | _ Name and Title: | | |
| Address | | | _ Address: | | |
| | | | _ | ······································ | |

| Name and Title: | Name and Title: |
|--|---|
| Address | Address: |
| | |
| | |
| | |
| ARTICLE VI REGISTERED AGENT | |
| The name and Florida street address (P.O. Box NOT ad | cceptable) of the registered agent is: |
| Name: A Van TRan | |
| Address: 5977 36 Ave | North |
| St. Petersbu | North 1rg, FL 33710 |
| ARTICLE VII INCORPORATOR | |
| The <u>name and address</u> of the Incorporator is: | |
| Name: A Van TR | an |
| Name: $A Van TR$ Address: $597736^{th}AV$ | e North |
| Saint Petersb | urg, FL 33710 |
| | e of process for the above stated corporation at the place designated in tment as registered agent and agree to act in this capacity |
| Vam | 4/21/15 |
| Required Signature/Registered | Agent Date |
| I submit this document and affirm that the facts stated document to the Department of State constitutes a third of | herein are true. I am aware that the false information submitted in a degree felony as provided for in s.817.155, F.S. |
| Lean | 4/21/1 |
| Required Signature/Incorpor | rator Date |

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15 APR 27 PN 4: 11

SCORETARY OF STATE
FALL MILESCRE, FLORIDA