# Hoffmeier Accounting & Jax Service, Inc.

5101 N.W. 21st Avenue, Suite 200, Fort Lauderdale, Florida 33309 Phone (305) 735-8770 • Fax (305) 733-9220

APRIL 10, 1995

STATE OF FLORIDA DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FLORIDA 32314

300001454403 -04/12/05--01065--001 \*\*\*\*122.50 \*\*\*\*122.50

GENTLEMEN:

Enclosed please find Article of Incorporation for EAST COAST TRANSMISSIONS, INC., along with our check in the amount of \$122.50 to cover the filing cost of this corporation.

If you have any questions regarding this matter, please contact us at the above address or telephone number.

Thank You,

Sincerely

MARLYS COOPER

169,502,611 169,502,611



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 18, 1995

HOFFMEIER ACCOUNTING & TAX SERVICE, INC. 5101 N.W. 21ST AVENUE, SUITE 200 FORT LAUDERDALE, FL 33309

SUBJECT: EAST COAST TRANSMISSIONS, INC.

Ref. Number: W95000008237

We have received your document for EAST COAST TRANSMISSIONS, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return 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 (904) 487-6973.

AMANDA HERRING Document Specialist

Letter Number: 095A00018016

## ARTICLES OF INCORPORATION

OF

# EAST COAST TRANSMISSIONS SPECIALIS

EAST COAST TRANSMISSIONS SPECIALISTS, INC.

THE UNDERSIGNED SUBSCRIBER TO THESE ARTICLES OF INCORPORATION IS
A NATURAL PERSON, COMPETENT TO CONTRACT, ASSOCIATED TO FORM A
CORPORATION FOR PROFIT UNDER THE LAWS OF THE STATE OF FLORIDA: AND
FURTHER AGREES TO THE FOLLOWING CONDITIONS OF SAID CORPORATION.

#### ARTICLE I: NAME

THE NAME OF THE CORPORATION IS: EAST COAST TRANSMISSIONS SPECIALISTS, INC.

## ARTICLE II: NATURE OF BUSINESS

THE GENERAL NATURE OF THE BUSINESS AND THE OBJECTS AND PURPOSES PROPOSED TO BE TRANSACTED BY THE CORPORATION, AND THE POWERS AND PRIVILEGES TO BE EXERCISED BY IT SHALL INCLUDE ALL POWERS THAT ARE GIVEN TO THE BODIES CORPORATE UNDER THE STATUTES OF THE STATE OF FLORIDA, AND THE LAWS OF THE UNITED STATES, TOGETHER WILL ALL RIGHTS POWERS AND PRIVILEGES INCIDENT THERETO.

# ARTICLE III: CAPITAL STOCK

THE CAPITAL STOCK OF THE CORPORATION SHALL CONSIST OF ONE HUNDRED (100) SHARES OF A PAR VALUE OF ONE (\$1.00) DOLLAR EACH, WHICH STOCK SHALL BE PAID FOR IN CASH, REAL OR PERSONAL PROPERTY OR IN SERVICES.

THE VALUE OF EACH SUCH REAL OR PERSONAL PROPERTY OR SERVICES SHALL BE FIXED BY THE BOARD OF DIRECTORS OF SAID CORPORATION, AND THE STOCK SHALL BE ISSUED ON THE VALUE SO FIXED. ALL STOCK SHALL BE FULLY PAID FOR AND NON-ASSESSABLE.

ARTICLE IV: TERM OF EXISTENCE

THIS CORPORATION SHALL HAVE PERPETUAL EXISTENCE UNLESS IT BE DISSOLVED BY ACTION OF LAW.

ARTICLE V: PLACE OF BUSINESS
INITIAL REGISTERED OFFICE
INITIAL REGISTERED AGENT

THE INITIAL REGISTERED OFFICE AND PLACE OF BUSINESS OF THIS CORPORATION IN THE STATE OF FLORIDA IS:

PLACE OF BUSINESS

5150 N W 12TH AVENUE FT LAUDERDALE, FL 33309

REGISTERED OFFICE

5150 N W 12TH AVENUE FT LAUDERDALE, FL 33309

THE INITIAL REGISTERED AGENT IS:

KATHLEEN ATKINS 5150 N W 12TH AVENUE FT LAUDERDALE, FL 33309

ARTICLE VI: DIRECTOR

THIS CORPORATION SHALL HAVE TWO DIRECTORS INITIALLY. THE NUMBER OF DIRECTORS MAY BE CHANGED FROM TIME TO TIME AS THE STOCKHOLDERS DESIRE, IN ACCORDANCE WITH THE BY-LAWS HEREOF.

ARTICLE VII: INITIAL DIRECTORS

THE NAME AND STREET ADDRESS OF THE FIRST BOARD OF DIRECTORS IS AS FOLLOWS:

NAME STEVEN L ATKINS

ADDRESS 5150 N W 12TH AVENUE FT LAUDERDALE, FL 33309

KATHLEEN ATKINS

5150 N W 12TH AVENUE FT LAUDERDALE, FL 33309

# ARTICLE VIII: SUBSCRIBERS

THE NAME AND STREET ADDRESS OF THE SUBSCRIBERS TO THESE ARTICLES OF INCORPORATION IS AS FOLLOWS:

NAME STEVEN L ATKINS

ADDRESS 5150 N W 12TH AVENUE FT LAUDERDALE, FL 33309

KATHLEEN ATKINS

5150 N W 12TH AVENUE FT LAUDERDALE, FL 33309

ARTICLE IX: AMENDMENT

THESE ARTICLES OF INCORPORATION MAY BE AMENDED IN THE MANNER PROVIDED BY LAW. EVERY AMENDMENT SHALL BE APPROVED BY THE BOARD OF DIRECTORS, PROPOSED BY THEM TO THE STOCKHOLDERS, AND APPROVED AT A STOCKHOLDERS MEETING BY A MAJORITY OF THE STOCKHOLDERS.

I	N WITNESS	WHEREOF,	I HAVE	HEREUNTO	SET	MY	HAND	AND	SEAL	THIS	
	849	_DAY OF	APRI	L		19	95 .				
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				_10	戏	-00-	2	灶	Lus	(	SEAL)

I, KATHLEEN ATKINS, THE UNDERSIGNED DO ACKNOWLEDGE THAT I AM

FAMILIAR WITH THE DUTIES AND RESPONSIBILITIES AS A REGISTERED AGENT FOR A

CORPORATION, AND AS SUCH, DO HEREBY ACCEPT AS REGISTERED AGENT FOR

EAST COAST TRANSMISSIONS SPECIALISTS, INC.

Kathleen atkinger,

PILED

95 MAY -3 PM 3-57

SECURIAN FLETO

STATE OF FLORIDA )

COUNTY OF BROWARD

I HEREBY CERTIFY THAT ON THIS DATE, BEFORE ME, A NOTARY PUBLIC,
DULY AUTHORIZED IN THE STATE AND COUNTY ABOVE NAMED TO TAKE
ACKNOWLEDGEMENTS, PERSONALLY APPEARED

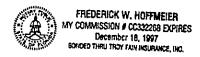
#### KATHLEEN ATKINS

TO ME KNOWN TO BE THE PERSON DESCRIBED AS REGISTERED AGENT AND WHO DID HEREBY ACCEPT AS REGISTERED AGENT.

witness my hand and official seal this <u>Sty</u> day of <u>April</u>, 1995.

NOTARY PUBLIC - STATE OF FLORIDA

MY COMMISSION EXPIRES:



STATE OF FLORIDA )

BB:

COUNTY OF BROWARD )

I HEREBY CERTIFY THAT ON THIS DATE, BEFORE ME, A NOTARY PUBLIC DULY AUTHORIZED IN THE STATE AND COUNTY ABOVE NAMED TO TAKE ACKNOWLEDGEMENTS, PERSONALLY APPEARED

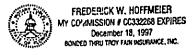
## STEVEN L ATKINS

TO ME KNOWN TO BE THE PERSON DESCRIBED AS SUBSCRIBER IN AND WHO DJD EXECUTE THE FOREGOING ARTICLES OF INCORPORATION.

WITNESS MY HAND AND OFFICIAL SEAL THIS 8th DAY OF

NOTARY PUBLIC -STATE OF FLORIDA

MY COMMISSION EXPIRES:



STATE OF FLORIDA )

) 88:

COUNTY OF BROWARD

I HEREBY CERTIFY THAT ON THIS DATE, BEFORE ME, A NOTARY PUBLIC DULY AUTHORIZED IN THE STATE AND COUNTY ABOVE NAMED TO TAKE ACKNOWLEDGEMENTS, PERSONALLY APPEARED

# KATHLEEN ATKINS

TO ME KNOWN TO BE THE PERSON DESCRIBED AS SUBSCRIBER IN AND WHO DID EXECUTE THE FOREGOING ARTICLES OF INCORPORATION.

WITHESS MY HAND AND OFFICIAL SEAL THIS SUITA DAY OF

NOTARY PUBLIC -SPATE OF FLORIDA

MY COMMISSION EXPIRES:

