000056165

TRANSMITTAL LETTER

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

SUBJECT: (Proposed corporate name - must include suffix)

100001881431 -07/02/96--01068--011 ****131.25 ****131.25

Enclosed is an original and one (1) copy of the articles of incorporation and a check

for:

\$70.00

Filing Fee

\$78.75

Filing Fee & Certificate

\$122.50

X \$131.25

Filing Fee & Certified Copy

Filing Fee, Certified Copy & Certificate

Additional Copy Required

FROM:

Daytime Telephone number

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

NL 7-3-96

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

NAME **ARTICLE I**

The name of the corporation shall be:

T.C. Repair Inc.

PRINCIPAL OFFICE **ARTICLE II**

The principal place of business and mailing address of this corporation shall be:

2800 N.E. 1414 St. CSWY, #133 Pompano Beach, Florida 33062

The number of shares of stock that this corporation is authorized to have outstanding at any one time Five hundred (500) of one dollar (s) \$1.00

Par value common Stock.

INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

> Chide Ambrose 2800 N.E 1414 St. Cswy. # 133 Pompano Beach, Fl. 33062

INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Clyde Ambrose 2800 N.E 1414 St. CSWY. # 133 Pompano Beach, Fl. 33062

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

26 day of <u>Sune</u>, 1996.

(An additional article must be added if an effective date is requested.)

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is:	Tn	<u>ر</u>	<u> </u>
2.	The name and address of the registered agent and office is:	Tale A	96	
	Chla Ambrose	HASSEE	JII - I	
	2800 N.E 14 St. CSWY 133 (P.O. Box or Mail Drop Box NOT ACCEPTABLE)	FLORIDA	60 :5 HZ	Ü
	Pompano Beach Florida 33062		9	

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Clycle Ambroso June 26,1
(SIGNATURE) (DATE)