

P96000056180
FILED

TRANSMITTAL LETTER

96 JUL -3 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
800001824708
-05/16/96--01070--016
***122.50 ***122.50

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

SUBJECT: Thomas's TRANSMISSION SERVICES INC.
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$ 122.50.

FROM:

Thomas's TRANSMISSION SERVICES INC.
~~NAME~~ Name (printed or typed)
1903 HIGHWAY 44 WEST
Address
INVERNESS, FL. 34453
City, State, & Zip
(352) 344-8441
Telephone Number

Note: Please provide the original and one copy of the Articles.

w96-110H
PK
5/23/96
PK
7/3/96



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 23, 1996

THOMAS J. ISABELLE
9336 W RED VALLEY COURT
CRYSTAL RIVER, FL 34429

SUBJECT: THOMAS'S TRANSMISSION SERVICES, INC.
Ref. Number: W96000011011

We have received your document for THOMAS'S TRANSMISSION SERVICES, 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):

Corporations may file using only the corporate name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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) 487-6915.

Pamela Hall
Document Specialist

Letter Number: 896A00025805

ARTICLES OF INCORPORATION
OF

FILED

96 JUL -3 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Thomas's TRANSMISSION SERVICES, INC.

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.

ARTICLE I NAME

The name of the corporation shall be:

THOMAS'S TRANSMISSION SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

1903 HIGHWAY 44 WEST
INVERNESS, FL 34453

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

GARY G. ISABELLE
730 EAST LEMON AVENUE
EUSTIS, FL 32726

ARTICLE V INCORPORATOR(S)

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

THOMAS J. ISABELLE
9336 W. RED VALLEY COURT
CRYSTAL RIVER, FL. 34429

GARY G. ISABELLE
730 EAST LEMON AVENUE
EUSTIS, FL. 32726

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

THIRTEENTH

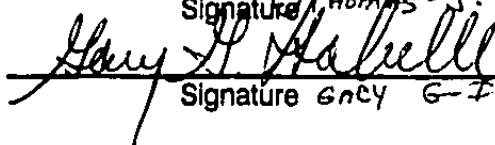
day of

MAY

, 1996.



Signature THOMAS J. ISABELLE



Signature GARY G. ISABELLE

Signature

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

FILED

96 JUL -3 AM 9:31

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: Thomas's TRANSMISSION SERVICES, INC.

2. The name and address of the registered agent and office is:

GARY G ISABELLE
(NAME)

730 EAST LEMON AVENUE
(P.O. BOX NOT ACCEPTABLE)

EUSTIS FL. 32726
(CITY/STATE/ZIP)

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.

SIGNATURE Gary G Isabelle
GARY G ISABELLE
DATE 5-13-96