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TRANSMITTAL LETTER
FILED

97 JUN 26 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

90000224059--3
-06/26/97-01081--012
***122.50 ***122.50

Subject: Archbald Repair Service, Inc.
(Proposed corporate name - must include suffix)

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

() \$70.00 () \$ 78.75 (X) \$122.50 () \$131.25

From:

Mr. Robin Archbald

Name

6970 nw 186th Street, Apt. 400 405

Address

Hialeah, FL 33015

City, State & Zip

(305) 889-5995

Daytime Telephone number

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

RAH 6/27/97

ARTICLES OF INCORPORATION **FILED**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Archbald Repair Service, Inc.

ARTICLE II PRINCIPAL OFFICE

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

6990 nw 186th Street, Apt. 428 405
Hialeah, FL 33015

ARTICLE III SHARES

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

1,000 shares of common

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Mr. Robin Archbald
6990 nw 186th Street, Apt. 428 405
Hialeah, FL 33015

ARTICLE V INCORPORATOR(S)

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

Mr. Robin Archbald
6920 nw 186th Street, Apt. 120-405
Hialeah, FL 33015

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

Nineteenth (19th) day of June, 1997.



signature

signature

signature

Article of Incorporation
Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF

FILED

REGISTERED AGENT/REGISTERED OFFICE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 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: Archbald Repair Service, Inc.

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

Mr. Robin Archbald
(Name)

6990 nw 186th Street, Apt. 128405
(P.O. Box not acceptable)

Hialeah, FL 33015
(City/State/Zip)

Having been named as registered agent and to accept service of process for the above state 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)