	ann	n13107
	TRANSM	ITTAL LETTER
	Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 SUBJECT: <u>STRMESIDE</u>	10000002000000000000000000000000000000
,	Proposed Corporate Name	22 PH 2: 35

Enclosed is an original and one copy of the Articles of Incorporation, a designation of registered agent, and a check for \$70.00. Please return one copy of the Articles stamped with the filing date.

FROM:

W97-2458 621

GERALD LLOYD SUSDERF Name (print or type) 590 WEST MAIN STREET Address

Address

Address LAKE HELEN FL 32744

City, State, Zip

(904) 228 3553

Area Code and Phone Number (Daytime)

SHARON TALA GERALD L SUSPORT 8216 J.F. Governons Way FLORIDA DEPT OF SPATE HOBE Jourg, Fr 409 E. GAINES ST. 33×55 TALLANASSEE, FL 323A 8/21/97 DEAN SHADON: ATTACHED 13 THE LETTER FROM KATHY MYMAN AND THE ARTICLES OF INCORPORATION WITH MY ADDDESS THAN WE DI CUSSED TODAY. THANK You AGAIN For your HELD! IT You HAVE My OUTSTIONS OR WHED INFORMATION PLEASE CALL ME AN 800-535 5394 ¥.3

FINCLOSED 13

A FEDEX ENVENOPE

For RETURN.

Gerry Andhard



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 31, 1997 ·

GERALD LLOYD SUSDORF 590 WEST MAIN STREET LAKE HELEN, FL 32744

SUBJECT: STATESIDE IGNITION WIRE INC Ref. Number: W97000002458

We have received your document for STATESIDE IGNITION WIRE INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

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) 487-6927.

Kathy Hyman **Document Specialist**

Letter Number: 697A00005155

ATTN: SHARON TALA 409 E. GAINES ST TALLAMASSEE EL 32314

ARTICLES OF INCORPORATION OF <u>STRIESIOF IGNITION</u> WIRE INC (Name of Corporation)

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

ARTICLE 1: NAME The name of the corporation shall be: STATES, DE IGN, TION WIRE INC

ARTICLE 2: PRINCIPAL PLACE OF BUSINESS The principal place of business of this corporation shall be (give street address and zip code): <u>590 WEST MAW STREET LAKE HELEN FL 32744</u>

ARTICLE 3: SHARES

All stock issued by this Corporation shall be common voting stock of a single class. The number of shares of stock that this corporation is authorized to have outstanding at any time is: _/000

ARTICLE 4: INITIAL REGISTERED AGENT AND REGISTERED OFFICE The name of the initial registered agent is <u>GERAKO ん SUSDORF</u>

whose registered office is located at the place of business stated in Article 2 above.

ARTICLE 5: INCORPORATORS

The names and street addresses of the incorporators to these Articles of Incorporation are: CEROLD 1 June A.C. Mour communi

are: GERALD & JUSDORF A 8216 S.E. GOVERNORS WAY SAME

Ho RE SOUND, FL 33465 The undersigned incorporators have executed these Articles of Incorporation this Day of TAWAN 19 97

Signature

Signature

Signature

Signature

Articles of Incorporation Filing Fee — \$35.00

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to Florida law, 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/professional association is:____ STATES. DE IGNITION WIRE INC.

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

<u>GERALO HAUYA</u> JUSDONE Full name

<u>590 WEST MAIN STREET</u> Address (P.O. Box not acceptable)

LAKE HELEN FL 32744 City, State, and 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 COM-PLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE OF REGISTERED AGENT

.....

1997 DATE

Designation of Registered Agent Filing Fee --- \$35.00