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Profit	Amendment	****122.	50 ****122.50
NonProfit	Resignation of R.A., Officer/ Director		
Limited Liability	Change of Registered Agent	4	
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ARTICLES OF INCORPORATION

97 NOV -3 PM 12: C SECRETARY IN STALLAHASSEE, FLORE

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: Master Transmission specialist Inc.

ARTICLE II PRINCIPAL OFFICE

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

7395 S.W. 425T. Hiami, FL 33155

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Uvette Prieto 13865 SW 80 St Miam, Fl. 33183

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to the incorporation is(are):	
JOSEPH ORTEGATORT. Miami F 13851 SW 10 Torr. Miami F Yvette Prieto 13865 SW 80 St Miami F1. 33183	1, 33184 -

ARTICLE VI DIRECTOR(S)

Incorporation is(are):			
JOSEPH ORTEG	A	Micros	F1. 33184
Yvette Prieto		, ,(3(, , ,,	
13865 SW Michmit	80 ST	\ 2 \ 2	
			Articles of
The undersigned incorporation this OCA	day of _	31	<u>,</u> 19 <u>17 /</u> .

The name(s) and street address(es) of the director(s) to these Articles of

Enon Dinto
Signature
Signature
Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

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: Master Transmission Specialist Inc.
	Specialist Inc.
2.	The name and address of the registered agent and office is:
	Uvette Prieto
	(NAME)
	13865 SW 80 St
	(P.O. BOX <u>NOT</u> ACCEPTABLE)
	Miami F1. 33183
	(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 SUPPLIES TO THE SUPPLIES OF THE SUPP

REGISTERED AGENT FILING FEE: \$35.00