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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 900002397029--7 -01/12/98--01083--015 ******78.75

JECT:	MOTION MANOS / (Proposed con	SSOCALS DO porate name - must include suf	ffix)	- .	with Immortalities
	•		. •	T ANGELINE	
osed is an original ar	nd one(1) copy of the artic	les of incorporation and a o	check for :		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	■\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate		
		ADDITIONAL CO	PY REQUIRED	100	
FROM:	DR. MOTORWORKS			M	
FROM:	Name	(Printed or typed)	8: 30 STATE LORIDA		
	7150 DEVONS RD.				A-1801
		Address			
	RIVERIA BEACH Cit	, FL 33404 y, State & Zip		-	
_	(561)845-2175 Daytime	Telephone number	,		<u></u>
	5W 842-5	175 Richer	•	n.	á

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



ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: MOTION AND ASSOCIATES INC.



PRINCIPAL OFFICE ARTICLE II

The principal place of business and mailing address of this corporation shall be: 7150 DEVONS RD., RIVERIA BEACH, FL 33404

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

The name and Florida street address of the initial registered agent are: RISHI GOBARDHAN 7150 DEVONS RD., RIVERIA BEACH, FL 33404

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are: 7150 DEVONS RD., RIVERIA BEACH, FL 33404

Signature/Incorporator

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

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/Registered Agent

Date