

TRANSMITTAL LETTER

P98000062530

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

300002587083--0

-07/13/98--01114--006
*****78.75 *****78.75

SUBJECT:

ALL Certified Transmissions, 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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

José Castro

Name (Printed or typed)

Po Box 3633

Address

Winter Springs, FL 32708

City, State & Zip

407-695-2305

Daytime Telephone number

98 JUL 13 PM 3:32

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

EP
07-15-98

ARTICLES OF INCORPORATION

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:

ALL Certified Transmissions, Inc.

ARTICLE II PRINCIPAL OFFICE

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

(POB) 30 Pecan Street
Jacksonville, FL 32211

(MA) PO Box 3633
Winter Springs, FL 32708

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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:

José Castro
30 Pecan Street
Jacksonville, FL 32211

mailing address : PO Box 3633
Winter Springs, FL 32708

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Jose Castro
30 Pecan St.
Jacksonville, FL 32211

MA : PO Box 3633
Winder Springs, FL 32708

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

08 day of July, 19 98.

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

Jose Castro

Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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 ALL Certified Transmissions, Inc.

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

José Castro
(NAME)

30 Pecan St.
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Jacksonville FL 32211
(CITY/STATE/ZIP)

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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.

José Castro
(SIGNATURE)

7-8-98
(DATE)