

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

(Proposed corporate name - must include suffix)						
			]	02661. 10/12/98-0 *****70.00	4564 1068005 *****70.00	
Enclosed is an original and one (1) copy of the articles of incorporation and a check						
for:   V  \$70.00   Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy  Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate Required		•	
FROM:	Alison	(printed or typed)	Ner.			
	1080	JACICS Br.	ANCH ROI	AO LAS	8	
	<u>CANTON</u> Cit (850)	) MENT , FO by, State & Zip 931 - 9393	32533	12 PHI2:		
Daytime Telephone number						

OCT 1 5 1998

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

### 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:

ARNOID EQUIPMENT REPAIR, THE

ARTICLE II PRINCIPAL OFFICE

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

1080 TACKS DRANCH ROND

CANTONMENT, FL 32533

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Alison P. Turner 1080 JACKS BRANCH ROAD CANTONMENT, FC 32533

## See instructions for officers/directors

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

ALISON P. TURNER 1080 JACKS BRANCH ROAD CANTONMENT, FL 32533

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

7th day of October, 1998

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

Llison Taige 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:	ARNOID Equipment	REPAIN, INC

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

Alison P. TURNER
(NAME)

1080 JACKS BRANCH ROAD
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

CANTONMENT FL 32533
(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.

Alison Faigl June 10-7-98 (SIGNATURE) (DATE)