

P98000087871

CARLTON THOMAS

Requestor's Name

304 SO. ORANGE BLOSSOM TRAIL

Address

ORLANDO, FL 32805-407-649-1600

City/State/Zip

Phone #

FILED  
98 OCT 14 PM 12:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. NIGHT SHIFT TRANSMISSIONS INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in ☐ Pick up time \_\_\_\_\_ ☒ Certified Copy  
☐ Mail out ☒ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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-10/14/98--01072--001  
\*\*\*\*\*542.50 \*\*\*\*\*78.75

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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DIVISION OF CORPORATION

60  
10/14/98

**ARTICLES OF INCORPORATION**  
**FOR**  
**NIGHT SHIFT TRANSMISSIONS INC.**

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**ARTICLE ONE**

THE NAME OF THE CORPORATION IS **NIGHT SHIFT TRANSMISSIONS INC.**

**ARTICLE TWO**

THE PERIOD, TERM AND DURATION IS **PERPETUAL**

**ARTICLE THREE**

THIS BUSINESS, IF GRANTED CORPORATE STATUS WILL COMMENCE ITS BUSINESS AS A FULL SERVICE AUTO REPAIR SHOP, WHEREIN, WE WILL REPAIR AUTOMOBILES OF ALL KIND. WE WILL, IF GRANTED CORPORATE STATUS, REPAIR CARS, TRUCKS, AND ANY OTHER VEHICLE AS PROVIDED FOR BY STATUE. ALL OF THE BUSINESS WILL BE TRANSACTED OF THE NAME OF **NIGHT SHIFT TRANSMISSIONS INC.**

**ARTICLE FOUR**

THE AGGREGATE NUMBER OF SHARES BY WHICH THE CORPORATION SHALL HAVE THE AUTHORITY TO ISSUE WILL BE 2,000 SHARES. EACH SHARE SHALL A PAR VALUE ON ONE DOLLAR EACH.

**ARTICLE FIVE**

THE CORPORATION WILL NOT COMMENCE ANY OF ITS BUSINESS UNTIL SUCH TIME AS IT HAS RECEIVED FOR THE ISSUANCE OF SHARES AN AMOUNT IN CONSIDERATION OF THE VALUE OF TWO THOUSAND DOLLARS.

**ARTICLE SIX**

THE STREET ADDRESS OF ITS INITIAL REGISTERED OFFICE IS 1115 TUCKER AVE. NUMBER B. ORLANDO, FL. ZIP CODE NUMBER 32807. THE NAME OF THE INITIAL REGISTERED AGENT IS DANIEL LUIS COLON WHOSE ADDRESS IS 1115 TUCKER AVE. #B. ORLANDO, FL 32807. THE PRINCIPAL PLACE OF BUSINESS IS THE SAME AS THE REGISTERED OFFICE.

ARTICLE SEVEN

THE NUMBER OF DIRECTORS WHICH SHALL CONSTITUTE THE BOARD DIRECTORS IS ONE. THE NAME AND ADDRESS OF THE PERSON WHO WILL SERVE AS DIRECTOR IS AS FOLLOWS.

NAME

ADDRESS

DANIEL LUIS COLON

1115 TUCKER AVE. #B.  
ORLANDO, FL 32807

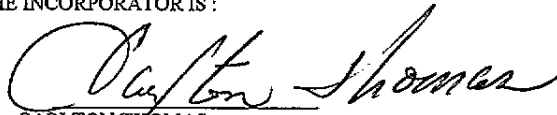
ARTICLE EIGHT

THE BOARD OF DIRECTORS SHALL HAVE THE POWER AND THE RIGHT TO DEVELOP, SET, AND OR MODIFY ITS BY-LAWS WITHOUT RESTRICTIONS OF THEIR POWERS AS CONFERRED BY STATUE.

ARTICLE NINE

THE NAME AND ADDRESS OF THE INCORPORATOR IS :

CARLTON THOMAS  
304 SOUTH O.B.T.  
ORLANDO FL. 32805.

  
CARLTON THOMAS

THE DUTIES AND POWERS OF THE INCORPORATOR SHALL CEASE ONCE THE BUSINESS IS GRANTED FULL CORPORATE STATUS.

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## **CERTIFICATE OF DESTINATION OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANISED UNDER THE LAWS OF FLORIDA SUMITS THE FOLLOWING STATEMENTS IN DESIGNATING THE REGISTERED OFFICER/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS :

NIGHT SHIFT TRANSMISSIONS INC.

THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS :

DANIEL LUIS COLON  
(NAME)  
1115 TUCKER AVE. #B  
(P.O. BOXES NOT ACCEPTABLE)  
ORLANDO FL. 32807  
(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNED IN THIS CERTIFICATE. I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND A AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISION OF ALL STATUES RELATING TO THE PROPER AND COMPLETE PROFORMANCE OF MY DUTIES , AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY .

Daniel L. Colon  
SIGNATURE

10-12-98  
DATE