Department of State	•
Division of Corporations	
P. O. Box 6327	
Tallahassee, FL 32314	500002736285 -9 -01/11/9901071007
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SUBJECT: Kenda//, Iho	porate name - must include suffix)
(Proposed cor	porate name - must include suffix)
Englanding the Automotive Control	
Enclosed is an original and one(1) copy of the artic	eles of incorporation and a check for:
□ \$70.00 □ \$78.75	
	□ \$78.75
5	Filing Fee Filing Fee,
& Certificate of Status	& Certified Copy Certified Copy
	& Certificate of
	Status
	ADDITIONAL COPY REQUIRED
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FROM:	Hoffman
Name (Printed or typed)
_9/19-36 M	mary P
	Address
	2144055
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Jackson U'	, State & Zip
City	, saw & Lip
(904) 145-	-3300
Daytime 7	Telephone number
Hoffman GAVE	
ATION BY PHONE TO	
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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.

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99 JAN 1 1 PM 4:01
" 4:0 ₁

ARTICLE I NAME The name of the corporation shall be:
Kendall, Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:
GOID'S GYM
9119-36 MERRIII RD. JACKSONVIII, FL. 32225
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 Florida street address of the initial registered agent are:
KENNETH HOFFMAN
9119-36 MERRILL RD.
JACKSONVITIE, FL 32225
ARTICLE V INCORPORATOR
The name and address of the incorporator to these Articles of Incorporation are:
KENNETH HOFFMAN
9119-36 MERRITI RD.
JACKSONVITIE, FLI 32225

(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

Signature/Incorporator

Date