

P99000020268
TRANSMITTAL LETTER

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

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-02/17/99--01030--008
*****78.75 *****78.75

SUBJECT: TRANSMISSION DOCTOR, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR 4 AM 9:38

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

■ \$78.75
Filing Fee

\$122.50
Filing Fee &
Certified Copy
Additional Copy Required

\$131.25
Filing Fee &
Certified Copy

FROM: TRANSMISSION DOCTOR, INC.
Name (printed or typed)
P O BOX 1779
Address
ALACHUA, FL 32616-1779
City, State, Zip

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

~~11147~~
3-4
WS



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 18, 1999

TRANSMISSION DOCTOR, INC.
P. O. BOX 1779
ALACHUA, FL 32616-1779

SUBJECT: TRANSMISSION DOCTOR, INC.
Ref. Number: W99000004147

We have received your document for TRANSMISSION DOCTOR, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6995.

Wanda Sampson
Document Specialist

Letter Number: 799A00007406

904-462-7775

**ARTICLES OF INCORPORATION
OF
ALACHUA TRANSMISSION DOCTOR INC.**

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 ALACHUA TRANSMISSION DOCTOR, INC.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be P O BOX 1779, ALACHUA, FL 32616-1779.

ARTICLE III - DURATION

This corporation shall have perpetual existence commencing on the date of this filing of these Articles with the Department of State.

ARTICLE IV- PURPOSE

This corporation is organized for the purpose of engaging or transacting in any or all lawful activities or business permitted under the laws of the United States and under Florida Statutes, as now exist or may hereafter be amended.

ARTICLE V - CAPITAL STOCK

This corporation is authorized to issue 500 shares of one dollar (\$1.00) par value common stock, which shall be designated as "Common Shares".

ARTICLE VI - PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VII - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name of the initial registered agent is James A. Markle and the address of the initial registered office of this corporation is 14616 NW 128TH TERR. Alachua, FL 32616

ARTICLE VIII - INITIAL BOARD OF DIRECTORS

This corporation shall have one Director constituting the initial Board of Directors. The number of directors may be either increased or decreased from time to time by the bylaws; however, there shall never be less than one Director.

The name and address of the initial Board of Directors of the corporation is:

<u>NAME</u>	<u>ADDRESS</u>
JAMES A. MARKLE	P O Box 1779, Alachua, FL 32616-1779

ARTICLE IX - INCORPORATORS

The name and street address of the incorporator who is the person licensed in the State of Florida, who is to act as incorporator is as follows:

<u>NAME</u>	<u>ADDRESS</u>
JAMES A. MARKLE	P O Box 1779, Alachua, FL 32616-1779

ARTICLE X – SPECIAL PROVISION

This corporation shall be organized to comply with the provisions of Subchapter S of the Internal Revenue Code, and shall take all actions necessary to obtain and maintain its status as an S corporation as defined therein.

ARTICLE XI - INDEMNIFICATION

This corporation shall indemnify any officer or director or any former officer or director, to the full extent permitted by law.

ARTICLE XII - AMENDMENT

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment hereto, by a majority vote of the Board of Directors, and any right conferred upon the shareholders is subject to this reservation.

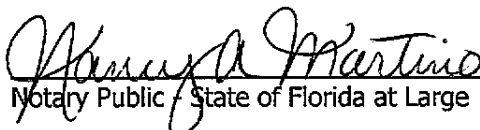
IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 25th day of February, 1999.


James A. Markle

STATE OF FLORIDA, COUNTY OF MARION

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared James A. Markle known to be and known by me to be the person who executed the foregoing Articles of Incorporation, or who produced FL Driver's License as identification, and he acknowledged before me that he executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this 25th day of February, 1999.


Notary Public - State of Florida at Large



Nancy A. Martino
Commission # CC 794814
Expires MAR. 5, 2000
BONDED THRU
ATLANTIC BONDING CO., INC

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: ALACHUA TRANSMISSION DOCTOR INC.

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

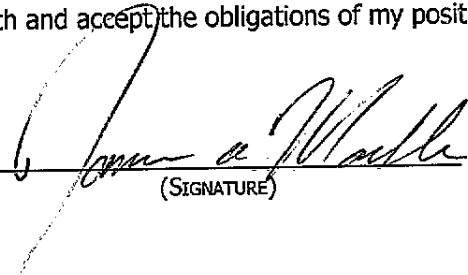
JAMES A. MARKLE

14616 NW 128TH TERR.

ALACHUA, FL 32616

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR -4 AM 9:41

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)

2/25/99
(DATE)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314