TRANSMITTAL LETTER

P99000034700

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

SUBJECT: The Roadside Assistance Company
(Proposed corporate name - must include suffix)

Lik	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 of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of	
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		Thomas Banne (Pr	ancC rinted or typed)	99 MAR 1 SECRETA LLAHAS	
P.E.		3021 Sw/	7Th Aug	7 PM 4:	
		Ft. Land. Fl	3333() State & Zip	ATE RIDA	
		954-676-311 Daytime Te	4 elephone number	<u>-</u>	

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purp	pose of forming a corporation under the Florida
Business Corporation Act, hereby adopts the	ie following Articles of Incorporation.

ARTICLE I ____NAME

The name of the corporation shall be:

The Koadsibe Assistance ARTICLE II PRINCIPAL OFFICE

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

Richard Banic 3021 Sw117th Aug Fort Landerdale FL 223

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

3021 Sw117th Aee Ft-Land. FL 33330 ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Thomas Banic

3021 Sw 117th Are

Signature/Incorporator

TARY OF STAIRS

Date

(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. If wither 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

Date