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City State ZIP Phone

Charter Number Only

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CORPORA	ATION(S) NAME	
Redine	Transmissions,	INC.
) Profit		
) NonProfit) Foreign	() Amendment () Dissolution	() Merger
) Limited Partnership) Remstatement	() Annual Report () Reservation	() Other () Change of Registered Agent
Certified Copy	() Photo Copies	() Certificate Under Seal
) Çali When Ready Walk in ()	() Call if Problem Will Wait Pick Up	() After 4:30 =
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CR2E031 (R8-85)

W.P. Varifier

ARTICLES OF INCORPORATION

of

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REDLINE	TRANS loan 1	SSioHS oration)	TNC.	- -
The undersigned subscriber(s) to these corporation under the laws of the State	Articles of Incorporation, of Florida.	natural person(s) co	mpetent to contract	hereby form a
The name of the corporation is:	ARTICLE I - CORPO)RATE NAME	==	
REDLINE T	RANSMISSI	OHS, I	74 C.	
	ARTICLE II - D	URATION	-	
This corporation shall exist perpetual	ly unless dissolved accordi	ng to Florida law.		
	ARTICLE III - i	PURPOSE		
The corporation is organized for the punited States and the State of Florida	purpose of engaging in any a.	activities or busines	is permitted under th -	e laws of the
	ARTICLE IV- CAF	ITAL STOCK		
The corporation is authorized to issu Dollar(s) (\$) par v	e <u>ONE Num DRED</u> value Common Stock, which	shares (_/oo _) h shall be designated	of ONE DOL d'Common Shares'	LAR.
	CLE V - INITIAL REGISTE			
The street address of the Initial Regi	istered Agent office and the	name of the Initial	Registered Agent at	that office is:
NAME LOUIS K	by LouvAR	ì.s		
CITY FORT LAUD	ERDALE	FLORIDA		ZIP <i>33069</i>
The principal office, if known, or th	e mailing address of the co	rporation is:		
	TRANS MISSIO		Siste (1.)	
ADDRESS 541 SOUT	TH STATE B	FLORIDA	=	ZIP 33067

ARTICLE VI - INITIAL BOARD OF DIRECTORS

increased or diminished from time to time by the By-La of the initial director(s) of the corporation are as follows:		be less than one (1)	. The names a	nia anniesses
	,		· · · · · · · · · · · · · · · · · · ·	.,
NAME LOUIS KULLOUVS	,,			
	irt.	and F		···-
CITY FORT LAUDERDALA	STATE	FLORID	<u>/</u>	11P <i>33069</i>
	(八世	·	- 	
ADDRESS 175 N.W. 694 C	OURT.		····	
CITY FORT LAUDER DALE	STATE	FLORINA	_ z	IP 3336
NAME				<u> </u>
ADDRESS				· · · · · · · · · · · · · · · · · · ·
CITY	STATE		. 2	lip
NAME LOUIS HOULOUVAR	<i>i'</i> \$	orporation are as fo	llows:	
NAME LOYIS KOYLOYVAR ADDRESS 381 S.W. 69 th COY	is RT			20.14
NAME LOUIS HOULOUVAR ADDRESS 381 S.W. 69th COU CITY FORT LAUDERDALE	i.s RT' STATE	FLURIA		AP_3306 9
NAME LOYIS KOYLOYVAR ADDRESS & 81 S.W. 69th COY CITY FORT LAUDERDALE NAME WENDELL H. SM	; \$\frac{1}{R} \tag{7}' \qquad \text{STATE} \\ \tag{7} \tag{7} \tag{7} \\ \tag{7} \tag{7} \tag{7} \\ \tag{7} \tag{7} \tag{7} \\ \tag{7} \tag{7} \tag{7} \tag{7} \\ \tag{7} \ta			IP_3306 9
NAME LOYIS KOYLOYVAR ADDRESS 381 S.W. 69th COU CITY FORT LAUDERDALE NAME WENDELL H. SM ADDRESS 175 N.W. 69th C	is RT STATE ITH.	FLURINA.	Z	
NAME LOYIS KOYLOYVAYA ADDRESS & 81 S.W. 69 th COU CITY FORT LAUDERDALA NAME WENDELL H. SM ADDRESS 175 N.W. 69 th C CITY FORT LAUDER DAL	is RT STATE ITH.		Z	
ADDRESS 381 S.W. 69th COU CITY FORT LAUDERDALE NAME WENDELL H. Sm ADDRESS 175 N.W. 69th C	is RT STATE ITH.	FLURINA.	Z	IP 3306 9
NAME LOYIS KOYLOYVAR ADDRESS 381 S.W. 69th COU CITY FORT LAUDERDALA NAME WENDELL H. SM ADDRESS 175 N.W. 69th C CITY FORT LAUDER DAL NAME	is RT STATE ITH.	FLURINA.		
NAME LOYIS KOYLOYVAR ADDRESS 381 S.W. 69th COU CITY FORT LAUDERDALA NAME WENDELL H. SM ADDRESS 175 N.W. 69th C CITY FORT LAUDER DAL NAME	STATE STATE STATE STATE STATE	FLURINA.		up <i>3336 ;</i>
NAME LOYIS KOYLOYVAYA ADDRESS & 81 S.W. 69th COU CITY FORT LAUDERDALA NAME WENDELL H. SM ADDRESS 175 N.W. 69th C CITY FORT LAUDER DAL NAME ADDRESS CITY	STATE STATE STATE STATE STATE	FLURION		IP 33369
NAME LOYIS HOYLOUVAYS ADDRESS 381 S.W. 69th COU CITY FORT LAUDERDALE NAME WENDELL H. Sm ADDRESS 175 N.W. 69th C CITY FORT LAUDER DAL NAME ADDRESS CITY IN WITNESS WHEREOF, the undersigned subscriber(STATE STATE STATE STATE STATE	FLURION		IP 3336 9
NAME LOYIS KOULOUVAR ADDRESS & 81 S.W. 69 th COU CITY FORT LAUDERDALA NAME WENDELL H. Sm ADDRESS 175 N.W. 69 th CITY FORT LAUDER DAL NAME ADDRESS CITY IN WITNESS WHEREOF, the undersigned subscriber(STATE STATE STATE STATE STATE	FLURION		IP 3336 9
NAME LOYIS KOYLOUVAYS ADDRESS 381 S.W. 69th COY CITY FORT LAUDERDALE NAME WENDELL H. Sm ADDRESS 175 N.W. 69th COY CITY FORT LAUDER DAL NAME ADDRESS CITY IN WITNESS WHEREOF, the undersigned subscriber(STATE STATE STATE STATE STATE	FLURION		IP 33369
NAME LOUIS KOULOUVAYS ADDRESS & 81 S.W. 69 th COU CITY FORT LAUDERDALE NAME WENDELL H. SM ADDRESS 175 N.W. 69 th CITY FORT LAUDER DAL NAME ADDRESS CITY IN WITNESS WHEREOF, the undersigned subscriber(s) day of April 1999.	STATE STATE STATE STATE STATE	FLURION		IP 3336 9

Article Vll

"Corporate Officers " should be added to the articles as follows:

Then names and addresses of the initial officers of the corpcration, who shall serve until their successors shall be elected or appointed are:

Name;

Louis KoyLoyVARis

WENDELL H. SmiTH. secretary Treasurer.

Address;

J81 S.W. 69 * COYRT.

FORT LAYDER DALE, FLONGER.

175 N.W. 69 * COYRT.

FORT LAYDERDALE, FLORIDA.

33369

· Louis Koulouvagis, Incorporator

Director, President

WENDELL H. Smith

tancorporato:

. Director/ Secretary- Treasurer

CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT OF

REDLINE TRANSMISSIONS, IN	<u> </u>	. !
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Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

281 5W 69th Ct
Ft. Lauderdale, Florida 33069
has named Louis Koulourvanis. located at the aforesaid address, as its Registered Agent to accept service of process within
this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

11 A (registered agent)