Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314 (Proposed corporate name - must include suffix) Enclosed is an original and one(1) copy of the articles of incorporation and a check for: **2** \$78.75 \$87.50 \$70.00 **\$78.75** Filing Fee, Filing Fee Filing Fee Filing Fee Certified Copy & Certified Copy & Certificate of Status & Certificate of Status ADDITIONAL COPY REQUIRED

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

Daytime Telephone number

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. ARTICLE I NAME The name of the corporation shall be: Transmission Inc. Kissimmee. PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 2749 Noveth creange blossin trail Kissimmer Florida 34744 <u>ARTICLE III SHARES</u> The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 one hundred ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: INCORPORATOR The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of pro	ocess for the above stated corporation at the place designated in this
certificate, I hereby accept the appointment as registered agent an	nd agree to act in this capacity. I further agree to comply with the
provisions of all statutes relating to the proper and complete pe	erformance of my duties, and I am \overline{fa} miliar with and accept the
obligations of my position as registered agent	,
	//

Signature/Registered Agent

Vouglas

Date