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TRANSMITTAL LETTER

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	STREET	ADDF	RESS:					MAIL	ING AI	DDRE	SS:	
Registration Section						Registration Section						
Division of Corporations 409 E. Gaines St.						Division of Corporations P.O. Box 6327						
Tallahassee, FL 32399						Tallahassee, FL 32314						
Enclos	ed is a chec	k for th	ne followin	g amou	nt:							
5 \$70	.00 Filing F	⁷ ee	\$78.75 Certifi	Filing l cate of	Fee & Status			Filing l ed Copy		0 :	\$87.50 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SÈCTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
1. Swift Lube Plus Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Minnesota 3. 75-3067 162 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 6-24-2002 5. perpetual (Duration: Year corp. will cease to exist or "perpetual")
6. Will happen in 2006.
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 6240 NE Hwy 65 # 208 Fridley MN 55432 (Principal office address)
:Same
(Current mailing address)
8. <u>oil change business</u>
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Mack Lange
Office Address: 6056 Eagle Watch Ct
N Fort Myers , Florida 33917
(City) (Zip code)
10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place
designated in this application, 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 relative to the proper and complete performance of my duties,
and I am familiar with and accept the obligations of my position as registered agent.
Val S-Jange
(Registered agent's signature)
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS .
Chairman:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: Mark Lange
T: 115 m.) 55427
- tridley MN 33+32
Vice President:
Address:
Secretary:
Address:
Treasurer:
Address:
NOTE: Innecessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Mais S. Jange
(Signature of Director or Officer listed in number 12 of the application)
14. Mark Lange president
(Typed or printed name and capacity of person signing application)

State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

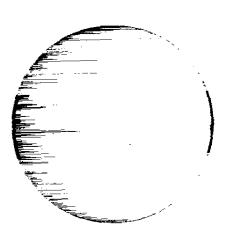
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: Swift Lube Plus, Inc.

Date Formed: 06/24/2002

Chapter Governed By: 302A

This certificate has been issued on 05/26/05.



Mary Kiffneyer Secretary of State.