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Osceola Paralegal Services, Inc.

17 S. Orlando Ave.
Kissimmee, FL 34741
(407) 870-5878
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Kathleen Foust
Owner

March 13, 2001

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

100004035441--6
-04/20/01--01068--004
***125.00 ***125.00

RE: POINCIANA DETAIL AND CAR WASH, LLC

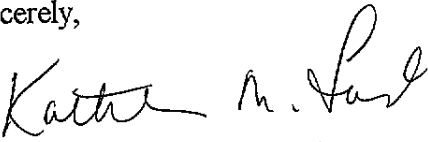
Dear Sir or Madam:

Enclosed is the original and one copy of the Articles of Organization for POINCIANA DETAIL AND CAR WASH, LLC, a limited liability company. Also enclosed is my check in the amount of \$125.00 for filing fees and a certified copy of the Articles.

Please file these articles as soon as possible and return the certified copy to this office.

Thank you for your assistance in this matter.

Sincerely,



Kathleen M. Foust, Paralegal

Enclosures as Stated.

FILED
01 APR 20 AM 3:07
SEC. OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION

FOR

POINCIANA DETAIL AND CAR WASH, LLC

ARTICLE I: NAME

The name of the Limited Liability Company is: POINCIANA DETAIL AND CAR WASH, LLC.

ARTICLE II: ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 4545 Pleasant Hill Road, Suite 119, Kissimmee, Florida 34758.

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:

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

KATHLEEN M. FOUST
17 S. Orlando Ave.
Kissimmee, FL 34741

Having been designated as registered agent to accept service of process for the above stated limited liability company 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 as provided for in Chapter 608, F.S.

Kathleen M. Foust
Registered Agent's Signature

ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company.

Shannon D. Willis
Signature of a member or authorized representative of a member.
SHANNON D. WILLIS

In accordance with Section 608.408 (3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Shannon D. Willis
SHANNON D. WILLIS

STATE OF FLORIDA :
COUNTY OF OSCEOLA :

BEFORE ME, a notary public, personally appeared SHANNON D. WILLIS, to me known to be the person described as member and executed the foregoing Articles of Organization, acknowledged before me that he subscribed to these Articles of Organization on the 16 day of April, 2001. The following was provided as identification: FL Driver License

(NOTARY SEAL)



JOAN S. DAVIDSON
COMMISSION # CC 671556
EXPIRES AUG 13, 2001
BONDED THRU
ATLANTIC BONDING CO., INC.

Joan S. Davidson
Notary Public's Signature
State of Florida at Large

Joan S Davidson
Notary Public's Printed Name

My Commission Expires:

FILED
01 APR 20 AM 3:07
TALLAHASSEE, FLORIDA