0007036

Department of State Division of Corporations P. 0. Box 6327 Tallahassee, FL 32314

SUBJECT: ____

PITSTOP SERVICES, INC

(Proposed corporate name - must include suffix)

300003329683 -07/20/00--01053--013 ******87.50 ******87.50

Enclosed is an original and one (l) copy of the articles of incorporation and a check for:

[]\$70.00

Filing Fee

[] \$78.75

Filing Fee

& Certified Copy

[]\$78.75

Filing Fee

&Certified Copy

[X] \$87.50 Filing Fee,

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: PITSTOP SERVICES, INC.		
	Name (Printed or typed)	
P.O. BOX 655		
Amanda Hoskinso Bave	Address	TAE 0
JTHORIZATION BY PHONE TO GROVELAND, FL 34736		
DRRECT AVEICLE IN	City, State & Zip	HASS
ATE 1 24 (352) 429-4841		SSEE F
Daytime Telephone number OG. EXAM. Please provide the original and one copy of the articles.		7: 34 STATE STATE

#100

T BROWN JUL 2 5 2000

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forning 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: PITSTOP SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

P.O. BOX 655 GROVELAND, FL 34736



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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

AMANDA HOSKINSON

7240 Redwing Road

GROVELAND, FL 34736

ARTICLE V INCORPORATOR

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

AMANDA HOSKINSON P.O. BOX 655 GROVELAND, FL 34736

Signature/Incorpator

07.18.00

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, further agree to comply with the edith of all statutes relating to the proper and complete performance of my duties, and I am edith with and accept the obligations edith position as registered agent

Signature/Registered Agent

1-10

Date