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To:  
Division of Corporations  
Fax Number : (850) 922-4001

From:  
Account Name : ACE INDUSTRIES, INC.  
Account Number : 070744001530  
Phone : (305) 358-2571  
Fax Number : (305) 358-7832

**FLORIDA PROFIT CORPORATION OR P.A.**

**RPM AUTO CARE, INC.**

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**H00-52275****Articles of Incorporation**

Article 1: Name of Corporation: **RPM AUTO CARE, INC.**

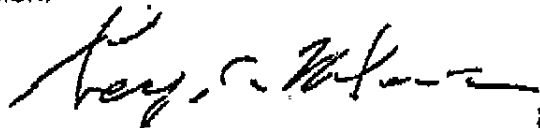
Address of Corporation: **7049 LAKE WORTH ROAD  
LAKE WORTH, FLORIDA 33463**

Article 2: Capital Stock: The number of shares which the corporation has authorized to be outstanding at any one time is **500**, with a par value of **\$1.00**.

Article 3: REGISTERED AGENT: **GEORGE A. MACLEAN**

REGISTERED OFFICE: **7049 LAKE WORTH ROAD  
LAKE WORTH, FLORIDA 33463**

\*I am familiar with and hereby accept the duties and responsibilities as Registered Agent for said corporation.



Signature of Registered Agent

Article 4: The Board of Directors are: (Board of Directors is NOT REQUIRED).  
First listed is President, Second is Vice President, then Secretary/Treasurer

1. **GEORGE A. MACLEAN, 17024 86<sup>TH</sup> STREET NORTH, LOXAHATCHEE, FLORIDA 33470**
2. **ROBERT A. ROGERS, 17725 84<sup>TH</sup> COURT NORTH, LOXAHATCHEE, FLORIDA 33470**
3. **GEORGE A. MACLEAN, 17024 86<sup>TH</sup> STREET NORTH, LOXAHATCHEE, FLORIDA 33470**

Article 5: The NAME and ADDRESS of the INCORPORATOR is:

**ROBERT A. ROGERS  
7049 LAKE WORTH ROAD  
LAKE WORTH, FLORIDA 33463**

In witness whereof, I have subscribed my name:



Signature of Incorporator

**H00-52275**