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TRANSMITTAL LETTER

FILED

01 JAN 29 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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*****78.75 *****78.75

SUBJECT: Auto Therapy and Repair, Inc.
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check
for \$ 78.75.

FROM:

Donald R. Beardslee

Name (printed or typed)

P.O. Box 290068

Address

Port Orange, Fl. 32129

City, State, & Zip

(904) 756-4709

Telephone Number

Note: Please provide the original and one copy of the Articles.

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ARTICLES OF INCORPORATION

01 JAN 29 AM 8: 12

OF

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Auto Therapy and Repair, Inc.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Auto Therapy and Repair, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1915 Guava Dr.
Edgewater, FL. 32141

ARTICLE III SHARES

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

One Hundred (100)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jane K. Beardslee
907 Tree Garden Dr.
Port Orange, FL. 32127

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

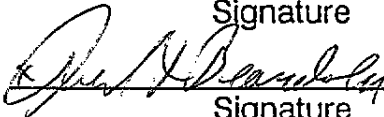
Jane K. Beardslee
907 Tree Garden Dr.
Port Orange, Fl.


Donald R. Beardslee
907 Tree Garden Dr.
Port Orange, Fl. 32127

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

25th day of JANUARY, 19 2001.

X

Signature


Signature


Signature

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: _____

Auto Therapy and Repair, Inc.

2. The name and address of the registered agent and office is:

Jane K. Beardslee

(NAME)

907 Tree Garden Dr.

(P.O. BOX NOT ACCEPTABLE)

Port Orange, Fl. 32127

(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

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. 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.

SIGNATURE x Jane K. Beardslee

DATE 1/25/01