

LAW OFFICES

SALTER, FEIBER, YENSER, MURPHY & HUTSON, P.A.

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GAINESVILLE, FLORIDA 32602-1589

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*CERTIFIED CIVIL MEDIATOR

May 29, 2001

FB1000066751

800004334228-8
-05/30/01-01042-018
*****78.75 *****78.75

Corporate Records Bureau
Division of Corporations
Department of State
P.O. Box 6427
Tallahassee, FL 32301

Re: Complete Maintenance Company, Inc..
Our File #: 01-575.3

Dear Sir/Madam:

Enclosed please find an original and one (1) copy each of the Articles of Incorporation for the above-referenced corporation.

Also enclosed please find this firm's check in the amount of \$78.75 for the following:

| | |
|--------------------------------|-----------------|
| Filing Fee | \$ 35.00 |
| Registered Agent Designation | 35.00 |
| Certification Copy of Articles | 8.75 |
| | <u>\$ 78.75</u> |

We appreciate your cooperation in this matter. If you require any further information or have any questions, please advise.

Sincerely yours,

SALTER, FEIBER, YENSER,
MURPHY & HUTSON, P.A.

Denise Lowry Hutson

Enclosures

FILED
01 JUL -9 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Recd 6/8/01

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 6, 2001

SALTER FEIBER YENSER MURPHY & HUTSON P.A.
% DENISE LOWRY HUTSON
P.O. DRAWER 1589
GAINESVILLE, FL 32602-1589

SUBJECT: COMPLETE MAINTENANCE COMPANY, INC.
Ref. Number: W01000012791

We have received your document for COMPLETE MAINTENANCE COMPANY, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole
Corporate Specialist
New Filings Section

Letter Number: 001A00034387

ARTICLES OF INCORPORATION
OF
COMPLETE MAINTENANCE COMPANY OF GAINESVILLE, INC.

FILED
01 JUL - 9 AM 8:25
TALLAHASSEE FLORIDA
SECRETARY OF STATE

THE UNDERSIGNED incorporator does hereby agree to incorporate a corporation for profit under the laws of the State of Florida, of the United States of America, by and under the provisions and statutes of that State, providing for the formation, liability, rights, privileges, benefits and obligations conferred and imposed by said law on corporations organized pursuant to the provisions thereof, and hereby makes, subscribes and acknowledges and files these Articles of Incorporation as follows:

ARTICLE I
NAME OF CORPORATION

1.01 NAME. -- The name of this corporation shall be Complete Maintenance Company of Gainesville, Inc.

ARTICLE II
GENERAL NATURE OF BUSINESS

2.01 POWERS. -- This corporation may engage in any activity or business permitted under F.S. 607 of the laws of the State of Florida.

ARTICLE III
STOCK

3.01 NUMBER. -- The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is one class of Common Stock totaling 1000 shares and having a par value of \$1.00 per share.

ARTICLE IV
ADDRESS OF CORPORATION AND REGISTERED AGENT

4.01 PRINCIPAL OFFICE. -- The street address of the principal office of the proposed corporation in the State of Florida is 3540 SW Archer Road, #172, Gainesville, FL 32608. The mailing address of the corporation is P.O. Box 5114, Gainesville, FL, 32627.

4.02 RELOCATION. -- The Board of Directors may from time to time move the principal office to any other address in Florida.

4.03 REGISTERED AGENT. -- The initial registered agent of the corporation is P. A. Raport and her business office and address is P.O. Box 5114, Gainesville, FL 32627.

3540 SW Archer Road #172, Gainesville, FL 32627

ARTICLE V
NAME AND ADDRESS OF INCORPORATOR

5.01 DESIGNATION. -- The name and street address of the incorporator of the Articles of Incorporation is as follows:

| <u>NAME</u> | <u>ADDRESS</u> |
|--------------|--|
| P. A. Raport | P.O. Box 5114 Gainesville, FL 32627 |

THE UNDERSIGNED, being the Incorporator to the Capital Stock hereintofores named, for the purpose of forming a corporation to do business both within and without the State of Florida, does make, subscribe, acknowledge and file these Articles, hereby declaring and certifying that the facts herein stated are true.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 25 day of June, 2001.

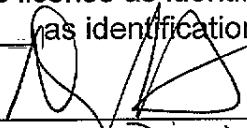


P. A. Raport

STATE OF FLORIDA
COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me this 25 day of June, 2001, by P. A. Raport, the Incorporator, who executed the foregoing Articles of Incorporation, and she acknowledged before me that she executed the same for the purposes therein expressed. Such person(s):

- () is/are personally known to me.
☒ produced a current Florida Driver's license as identification.
() produced _____ as identification.



Print Name: Denise Lowry Hutson
Notary Public, State of Florida
My Commission Expires:
Serial Number:

(SEAL)




Denise Lowry Hutson
MY COMMISSION # CC763316 EXPIRES
November 6, 2002
BONDED THRU TROY FAIN INSURANCE, INC.

CERTIFICATE OF REGISTERED AGENT

I HEREBY accept designation of registered agent for Complete Maintenance Company of Gainesville, Inc., and hereby agree to fulfill the obligations thereof.

IN WITNESS WHEREOF, I have hereto set my hand and seal this 25 day of June, 2001.



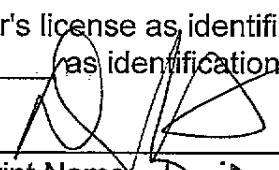
P. A. Raport

STATE OF FLORIDA
COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me this 25th day of June, 2001, by P. A. Raport, Registered Agent, who executed the foregoing Certificate of Registered Agent, and she acknowledged before me that she executed the same for the purposes therein expressed. Such person(s):

- () is/are personally known to me.
(☒) produced a current Florida Driver's license as identification.
() produced _____ as identification.

(SEAL)



Print Name Denise Lowry Hutson
Notary Public, State of Florida
My Commission Expires:
Serial Number:



Denise Lowry Hutson
MY COMMISSION # CC763316 EXPIRES
November 6, 2002
BONDED THRU TROY FAIR INSURANCE, INC

FILED
01 JUL -9 AM 8:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA