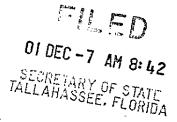
# 100/000/16430

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



SUBJECT: BJ'S REPAIR	R INC .			
(F	roposed corporat	te name - must include su	ıffix)	
			<b>40000471</b> 5 -12/10/01 *****78.75	51945- 01013002 ******78.75
Enclosed is an original and one(1) copy	of the articles of	of incorporation and a	check for :	-
S70.00 XX \$78.75 Filing Fee Filing Fee & Certificate of	Status	□\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: BRYAN J. 1  C/O TOM DI  1515 E MEMO	Name (Print ALEY, BETT	ed or typed) ER BUSINESS SEI D, LAKELAND, FI	RVICES INC., L. 33801	. •
	Add	ress	·	·
·	City, Stat	te & Zip		
	863-683			
	Daytime Telep	hone number		

NOTE: Please provide the original and one copy of the articles.

# ARTICLES OF INCORPORATION

THE STATE OF Florida COUNTY OF POLK

KNOW ALL MEN BY THESE PRESENTS

That the undersigned, natural person(s) of the age of at least of the eighteen (18) years, acting as Incorporator(s) of a Corporation of under the Florida Business Corporation Act, do hereby adopt the following Articles of Incorporation for such Corporation, to wit:

### ARTICLE I

The name of this corporation is BJ'S REPAIR INC.

# ARTICLE II

The period of duration of this corporation shall be perpetual.

# ARTICLE III

The purposes for which this Corporation is organized include all legal purposes for which a Corporation may be organized in Florida.

# ARTICLE IV

The aggregate number of shares which the corporation shall have the authority to issue is 10,000 shares. The shares shall have a par value of \$ 1.00.

# ARTICLE V

The Corporation will not commence business until it has received for the issuance of its shares consideration of the value of \$ 1,000.00.

# ARTICLE VI

The street address of the registered office, and principal office of the Corporation is 2701 E Main Street, Lakeland Florida 33809, and the name of the registered agent at said address is Bryan J Williams.

I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation.

Registered Agent

SANDY MALONE
Notary Public, State of Florida
My comm. expires June 03, 2005
No. DD10886

Sardy Maline

# ARTICLE VII

The number of directors constituting the initial Board of Directors of this corporation is one and the name and address of the person(s) who is to serve as director(s) until the first annual meeting of the shareholders, or until their successors are elected and qualified, is as follows:

NAME

ADDRESS

Bryan J Williams

229 Tower Rd

Lakeland, Florida 33809

229 Tower Rd

Lakeland, Florida 33809

The name and address of the incorporator(s) is as follows:

NAME

ADDRESS

Bryan J Williams

229 Tower Rd

Lakeland, Florida 33809

WITNESS OUR HANDS this the December 5, 2001

Bryan J Williams

Incorporator

Incorporator

THE STATE OF Florida COUNTY OF POIK

Before me, the undersigned authority, on this day personally appeared Bryan J Williams, known to me to be the person(s) whose name(s) are subscribed to the foregoing instrument and, being by me first duly sworn severally declares that they are the person(s) who signed the foregoing document as incorporator(s) and that the statements contained therein are true.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this

Notary Public

Con Anglis

SANDY MALONE
Notary Public, State of Florida
My comm. expires June 03, 2005
No. DD10886