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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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SECRETARY OF STATE

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TRANSMITTAL LETTER

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

SUBJECT:Davi	ld St. John Mobil Wash &	Wax, Inc.	
	(PROPOSED CORPORATE	NAME – MUST INCLUD	E SUFFIX)
Enclosed is an origin	nal and one(1) copy of the artic	les of incorporation and a	a check for :
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
•		ADDITIONAL CO	PY REQUIRED
		FROM:	
	David St. John		
	Name (I	Printed or typed)	
	8702 Broad St.	-	
		Address	
	New Port Richey,	F1. 34654	
	City	, State & Zip	
	(727) 842–6656		
	Daytime 1	alanhone number	

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

David St. John Mobil Wash & Wax, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

8702 Broad St. New Port Richey, F1. 34654

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

on site or mobil washing & waxing vehicles, etc. and mobil homes

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

David St. John 8702 Broad St. New Port Richey, F1. 34654

President

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> of the registered agent is:

8702 Broad St. New Port Richey, F1. 34654 David St. John

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

David St. John 8702 Broad St. New Port Richey, F1. 34654

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Date 2007