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TRANSMITTAL LETTER

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

SUBJECT:	Mobil Spot Repair, Inc. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)			
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	ODE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	a check for:	
\$70.00	2 \$78.75	□ \$78.75	\$87.50	
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL COPY REQUIRED		
FROM:		el James McGrath		
	Name (Printed or typed)			
	365	N.W. Curry Street		
	Port Saint Lucie, Florida 34983			
	City, State & Zip			
	77:	2-528-0585		
	Daytime Telephone 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: Mobil Spot Repair, Inc. PRINCIPAL OFFICE ARTICLE II The principal place of business/mailing address is: 365 N.W. Curry Street Pt. St. Lucie, Florida 34983 ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: Auto Repair ARTICLE IV The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Michael James McGrath.....President

<u>ARTICLE VI REGISTERED AGENT</u>

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:

Michael James McGrath 365 N.W. Curry Street Port Saint Lucie, Florida 34983

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Michael James McGrath 365 N.W. Curry Street Port Saint Lucie, Florida 34983

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

Signature/Registered Agent

Signature/Incorporator

Date

Date