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2006 APR 10 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: MAYO TRUCK CLINIC, INC.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee
Certified Copy
& Certificate

FROM: JEROME P. STRATTON

Name (printed or typed)

4075 NE CR 354

Address

MAYO, FL 32066

City, State & Zip

(386) 294-2584

Daytime Telephone Number

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

ARTICLES OF INCORPORATION

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:

MAYO TRUCK CLINIC, INC.

ARTICLE II PRINCIPAL OFFICE

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

4075 NE CR 354
MAYO, FL 32066

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 SHARES PAR VALUE \$1.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

BARBARA COULTHURST
172 W MAIN STREET
MAYO, FL 32066

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE V INCORPORATOR(S)

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

PRESIDENT/DIRECTOR

JEROME P. STRATTON
4075 NE CR 354
MAYO, FL 32066

VICE-PRESIDENT/DIRECTOR

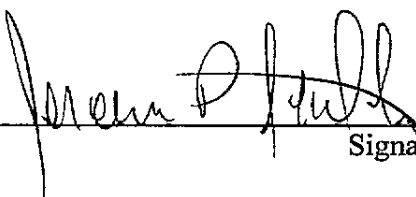
RENITA H. STRATTON
4075 NE CR 354
MAYO, FL 32066

ARTICLE VI NATURE OF BUSINESS


The general nature of business of this corporation is to transact any and all lawful business.

The undersigned incorporators have executed these Articles of Incorporation this

5TH day of APRIL, 2006



Signature



Signature

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 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: **MAYO TRUCK CLINIC, INC.**

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

BARBARA COULTHURST

(Name)

172 W MAIN STREET

(P.O. Box not acceptable)

MAYO, FL 32066

(City/State/Zip)

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.

BE Coulthurst

(Signature)

4/5/06

(Date)