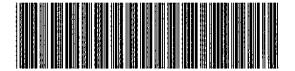
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(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	#)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Do	ocument Number)		
Certified Copies Certificates of Status			
,	<u></u>		
Special Instructions to	Filing Officer:	Ì	
	211		
Office Use Only			
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SECRETARY OF STATE
AND AMASSES OF COMME

Edward 2 2013

COVER LETTER

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

SUBJECT: MA	D HATTEL MUFFL		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	d 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:		AMORA (Printed or typed) WEAS AND	
	Taula.R	Address . 25604 State & Zip	
	813-37	4-9230	
	Martotalca	elephone number MCGMAL, CL	-
•	E-mail address: (to be used	i for future annual report	notification)

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



RECEIVED

2013 JAN -2 PK 1:47

FLORIDA DEPARTMENT OF STATE Division of Corporations SECRETARY OF STATE IALLAHASSEE FLORIDA

December 18, 2012

YLIANA ZAMORA 715 W ATERS AVE TAMPA, FL 33604

SUBJECT: MAD HATTER MUFFLER AUTOCENTER, INC.

Ref. Number: W12000062465

We have received your document for MAD HATTER MUFFLER AUTOCENTER, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

-Please return the corrected 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) 245-6052.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 712A00029827

Division of Compositions D.O. DOV 6997 Tollahorson Florida 99914

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

The name of the corporation shall be: MAD HATTER MUF	Fler fluttoconeton, hic.
Principal street address Of 10. Hill Dofold We	Mailing address, if different is:
TAMPU ALDIAU 30604 ARTICLE III PURPOSE The purpose for which the corporation is organized is: AULO MOLIVE Relau	FILED 13 JAN -2 PH 4: SECRETARY OF STALLAHASSPE, FLO
ARTICLE IV SHARES The number of shares of stock is:	ी कि विकास कर कि
Address: 201 W. Hr 115 borough Address:	d Title:
$\neg \alpha u \nu \alpha (\tau \iota, \sigma \sigma \iota \nu \sigma \tau)$	d Title:
Name and Title: Address: Address:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the register Name: Address: Ad	ered agent is:
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: VICTOY ZUMOYO Address:	ushavi
Having been named as registered agent to accept service of process for the ab this certificate, I am familiar with and accept the appointment as registered age	ove stated corporation at the place designated in
Required Signature/Registered Agent I Submit his document and affirm that the facts stated herein are true. I am document to the Department of State constitutes a third degree felony as provident.	
YIJN Z. MW. Required Signature/Incorporator	Date Date