P95000015093

TRANSMITTAL LETTER

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

400001411894 -02/21/95--01131--002 -*****78.75 -*****78.75

SUBJECT: Reflections Mobile Car Care Inc

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

Daytime Telephone number

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:
Reflections Mobile Car Care, Inc.

ARTICLE II PRINCIPAL OFFICE

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

121 Longwood Dr. Ormond Beach, FL. 32176

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Patricia S. Ustaitis
121 Longwood Dr
Ormond Beach, FL. 32176

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):
Patricia S. Ustaitis, President 121 Longwood Dr. Ormand Beach, FL 32176
Ormand Beach, FL. 32176
John G. Ustaitis, Sety, Treasurer 121 Longwood Dr Ormand Beach, FL. 32176
Ormond Beach. FL. 32176
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
Patricia S. Ustaitin, President John G. Pestaitin Secty Treasurer
John Contaction Sector Treasurer

Articles of Incorporation Filing Fee - \$35

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. 7	The name of the corporation is: Reflections Mobile Car Care, Inc.
	
2. "	The name and address of the registered agent and office is:
	Patricia S. Ustaitis
	121 Longwood Dr. (P.O. Box not acceptable)
	Ormand Beach, FL 32176 (City/State/Zip)
Hav abo the to co man	ing been named as registered agent and to accept service of process for the ve stated corporation at the place designated in this certificate, I hereby accept appointment as registered agent and agree to act in this capacity. I further agree comply with the provisions of all statutes relating to the proper and complete performed by the coofficient of the proper and complete performed by the coofficient of the property of the property of the position
as r	atricia Lotatio Feb. 17, 195 2 (Date)