75000077377 March 31, 1995

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SECRETARY OF STATE
CHAMASSEE, FLOREA

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

Re: FAT RIDES, INC.
New Corporation Filing

Door Sir/Madame;

I enclose an original and one copy of the Articles of Incorporation and a Certificate Designating Registered Agent and Registered office and Acceptance for a Florida corporation.

Also enclosed is a check in the amount of \$122.50 in payment of the following foca:

Certifice 39A 00015/133
Designati

.00

TOTAL

.50

Please file th copy to me at

Surte

the certified

Sincerely

Charles F. Carbiener, Jr. Attorney at law APR 6 1995 BSI

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CFC/gc

Enclosures at stated

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SECRETARY OF STATE
TO LAHASOFF, FLORIDA

ARTICLES OF INCORPORATION

OF

FAT RIDES, INC.

I, the undersigned natural person and resident of the State of Florida, acting as the sole incorporator of a corporation under the Florida General Corporation Act, hereby cartify and adopt the following Articles of Incorporation.

1.

CORPORATE NAME

The name of the corporation is Fat Rides, Inc.

II.

PRINCIPAL OFFICE

The principal office and mailing address of this corporation shall be:

2155 Andrea Lane, Unit C4 Fort Myers, Florida 33912 111.

CAPITAL STOCK

The aggregate number of shares which the corporation shall have authority to issue is Ten Thousand (10,000) with a par value of One Dollar (\$1.00) each for a total capitalization of Ten Thousand Dollars (\$10,000.00). One class of stock shall be issued and it shall be designated as common stock.

ıv.

INITIAL REGISTERED AGENT AND OFFICE

The registered agent appointed by the corporation shall be:

Brot Wolfenbarger 13436 Pine Needle Lane Fort Myers, Florida 33908 (813) 481-4355

٧.

INCORPORATORS

The name and street address of the sole incorporator to these Articles of Incorporation is as follows:

Name: Bret Wolfenbarger

Address: 13436 Pine Needle Lane

Fort Myers, Florida 33908

VI.

<u>PURPOSES</u>

The purposes of the corporation are:

- 1. To establish and maintain a company for the restoration of mechanics, body and paint on cars, boats, motorcycles and personal watercraft.
- 2. To engage in the transaction of any or all lawful business permitted under the laws of the State of Florida.

VII.

DIRECTORS.

The number of directors constituting the initial board of directors is one (1), and the name and street address of the person who is to serve as the director horselis as follows:

Namet

Brot Wolfenbarger

Addrosst

13436 Pine Noudle Lane

Fort Myora, Florida 33908

IN WITNESS WHEREOF, the undersigned, as the sole incorporator o this corporation, has executed these Articles of Incorporation this 30th day of March, 1995.

Bret Wolfenbarger Incorporator

NOTARY STATEMENT

STATE OF FLORIDA)

COUNTY OF LEE)

I, HEREBY CERTIFY that on this day, before me, a Notary Public authorized in the State and County named above to take acknowledgements, personally appeared Bret Wolfenbarger of Fat Rides, Inc. to me known to be the person described as the subscriber in and who executed the foregoing Articles of Incorporation, and he acknowledged before me that he subscribed to those Articles of Incorporation.

WITNESS my hand and official seal in the County and State named above this 30th day of March, 1995.

Geraldine E. Carbiener

NOTARY PUBLIC, State of Florida

Commission No. CC 371727

My commission expires: 7-18-98.

(SEAL)

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REGISTERED AGENT AND REGISTERED OFFICEPR -3 AHIII 39

Pursuant to the provisions of Section 607.0501 or the 100A Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office and the registered agent, in the State of Florida.

- 1. The name of the corporation is Fat Rides, Inc.
- The name of the registered agent is:

Bret Wolfenbarger

3. The address of the registered agent/registered office is:
13436 Pine Needle Lane
Fort Myers, Florida 33908

HAVING BEEN NAMED AS REGISTERED AGENT AND DESIGNATED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE CORPORATION, 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.

DATED: March 30, 1995.

Bret Wolfenbarger