

P95000049281

TRANSMITTAL LETTER

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

SUBJECT: MOBILE CAR CARE NETWORK FRANCHISE, INC.

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

\_\_\_ \$70.00    \_\_\_ \$78.75    X \$122.50    \_\_\_ \$131.25

FROM:  
Principal Place of Business:

William B. Swisher  
707 Samms Avenue  
Suite M  
Port Orange, Florida 32119

Mailing Address:

707 Samms Avenue  
Suite M  
Port Orange, Florida 32119

Daytime Telephone No.

904-756-8923

200001520572  
-06/22/95--01047--014  
\*\*\*\*122.50 \*\*\*\*122.50

WFW

**ARTICLES OF INCORPORATION**

**OF**

**MOBILE CAR CARE NETWORK FRANCHISE, INC.**

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:

MOBILE CAR CARE NETWORK FRANCHISE, INC.

**ARTICLE II PRINCIPAL OFFICE**

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

Principal Place of Business: 707 Samms Avenue  
Suite M  
Port Orange, Florida 32119

Mailing Address: 707 Samms Avenue  
Suite M  
Port Orange, Florida 32119

Daytime Telephone No. 904-756-8923

**ARTICLE III SHARES**

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

100 Shares

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

William B. Swisher  
707 Samms Avenue  
Suite M  
Port Orange, Florida 32119

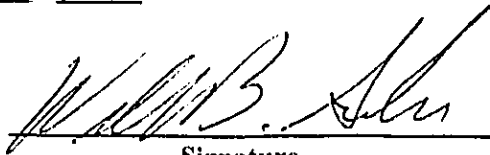
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**ARTICLE V INCORPORATOR(S)**

**The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):**

William B. Swisher  
707 Samms Avenue  
Suite M  
Port Orange, Florida 32119

**The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 16 th day of June, 1995.**

A handwritten signature in dark ink, appearing to read 'William B. Swisher', is written over a horizontal line.

**Signature**

**Articles of Incorporation filing fee - \$35.00**

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

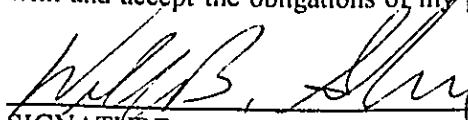
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PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: MOBILE CAR CARE NETWORK FRANCHISE, INC.
2. The name and address of the registered agent and office is:

William B. Swisher  
707 Samms Avenue  
Suite M  
Port Orange, Florida 32119

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 the 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.

 William B. Swisher  
SIGNATURE

P95000049281

Mobile Car Care Network Franchise, Inc.

Requestor's Name

707 Sammons Ave. Suite M

Address

Pl. Orange Fl. 32119

City/State/Zip

Phone #

600001713006

-02/13/96--01028--019

\*\*\*\*\*87.50 \*\*\*\*\*87.50

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment NC
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

SH FEB 15 1996

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CLERK OF SUPERIOR COURT  
CLERK OF SUPERIOR COURT

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF**

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MOBILE CAR CARE NETWORK FRANCHISE, INC.

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(present name)

*Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:*

**FIRST:** Amendment(s) adopted: *(indicate article number(s) being amended, added or deleted)*

Name to be changed to the f

MOBILE CAR CARE FRA

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**SECOND:** If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

**THIRD:** The date of each amendment's adoption: January 1, 1996

**FOURTH:** Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.

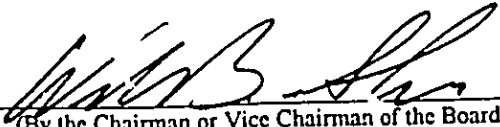
☐ The amendment(s) was/were approved by the shareholders through voting groups.  
*The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient  
for approval by \_\_\_\_\_ voting group."

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this day 31 of January, 19 96

Signature   
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

\_\_\_\_\_  
Typed or printed name

\_\_\_\_\_  
Title