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TRANSMITTAL LETTER

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

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
JUL 21 1995

SUBJECT: MOBILE CAR CARE NETWORK SUPPLIER, INC.

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

___ \$70.00 ___ \$78.75 ☒ \$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

SW
7/24/95

FILED
95 JUL 21 AM 10:53
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

FILED

OF

95 JUL 21 AM 10:53

MOBILE CAR CARE NETWORK SUPPLIER, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 SUPPLIER, 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

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 13th day of July, 1995,



Signature

Articles of Incorporation filing fee - \$35.00

**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: MOBILE CAR CARE NETWORK SUPPLIER, 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.


SIGNATURE

William B. Swisher

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