# P95000063149

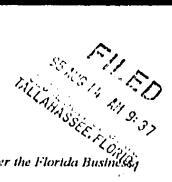
### TRANSMITTAL LETTER

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

SUBJECT: Pr	ofessiona roposed corporate	name - must include su		Incorporaleo	.(
Enclosed is an original for:  \$70.00  Filing Fee	and one (1) co \$78.75 Filing Foe & Corolleate	\$122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Cortified Copy & Cortificate	and a check	
FROM:	Name (	eph C. Felix (printed or typed)  4 Orlean Dr. Address		•	
alled Fire of Spores of States	(904	ksanville, FL v, State & Zip	<u>32210</u> 5	SECRETARIOS SECRET	

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





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:

#### ARTICLE II PRINCIPAL OFFICE

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

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:  $1()\bigcirc$ 

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Joseph C. Felix 1914 Orlean Dr. Jax, Fl 32210

#### ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Voseph Conrad Felix 1914 Orlean Dr. Jax., FL 32210 Robert H Osteworf 8541 Royalwood Dr. Jax, FL 32254 Brunilda R. Sepulveda 4747 Royal Ave. Jax, Fl. 32205

Elist H Steer Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.		Quality Lobricants				
_		,				
2.	2. The name and address of the registered agent and office is:					
Voseph Conrad Folix						
	(P.O. Box or Mail Drop Box NOT Acce	РТАВІ.Е)				
	$\frac{\sqrt{\alpha_{X}} \int L 32210}{\text{(City/State/Zip)}}$					

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 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.

(SIGNATURE)

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