P95000071860

TRANSMITTAL LETTER

800001586888
-09/15/95- 01076-011
*****70.00 *****70.00

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

SUBJECT: BLAISE AUTO DETAIL, INC.
(Proposed corporate name - must include suffix)

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

[X] $70.00 Filing Fee	[ ] $78.75 Filing Fee & Certificate	[ ] $122.50 Filing Fee & Certified Copy	[ ] $131.25 Filing Fee, Certified Copy & Certificate

95 SEP 15 PM 1:23
OFFICE OF SECRETARY OF STATE
DIVISION OF CORPORATIONS

FROM: JOHN D. MARCHIN CPA PC
Name (printed or typed)

15500 19 MILE ROAD SUITE 370
Address

CLINTON TOWNSHIP MI 48038
City, State & Zip

810-263-0880
Daytime Telephone number

AL SEP 18 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 SEP 15 PM 1:23

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:

BLAISE AUTO DETAIL, INC.

ARTICLE II PRINCIPAL OFFICE

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

655 GLADIOLA
MERRITT ISLAND, FL 32952

ARTICLE III SHARES

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

50,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

BLAISE N. CHAPLOW
655 GLADIOLA
MERRITT ISLAND, FL 32952

ARTICLE V INCORPORATOR(S)

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

BLAISE N. CHAPLOW
655 GLADIOLA AVE
MERRITT ISLAND FL 32953

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

11th day of September, 19 95.

Blaise N Chaplow
Signature

Signature

Signature

Articles of Incorporation
Filing Fee - $35

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 SEP 15 PM 1:23

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: BLAISE AUTO DETAIL, INC.

2. The name and address of the registered agent and office is:

BLAISE N. CHAPLOW
(Name)

655 GLADIOLA
(P.O. Box not acceptable)

MERRITT ISLAND, FL 32952
(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.

Blaise N Chaplow
(Signature)

9/11/95
(Date)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV -4 AM 7:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000071860

1. Corporate Name
BLAISE AUTO DETAIL, INC.

Principal Place of Business	Mailing Address
655 GLADIOLA MERRITT ISLAND FL 32952	655 GLADIOLA MERRITT ISLAND FL 32952

REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/15/1995

5. FEI Number: 59-3338816 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
President OFFICER	BLAISE CHAPLOW	455 ISLAND BCH BLVD	MERRITT ISLAND, FL 32952

200001598842--9
-11/03/96--01017--014
****375.00 ****375.00

JBH-10-96

8. Name and Address of Current Registered Agent

CHAPLOW, BLAISE N
655 GLADIOLA
MERRITT ISLAND FL 32952

9. Name and Address of New Registered Agent

Name: n/a
Street Address (P.O. Box Number is Not Acceptable):
Suite, Apt. #, Etc:
City: State: FL Zip Code:

C12E040 (7/96)

10. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Blaise Chaplow — REGISTERED AGENT MUST SIGN — Date: 10-10-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No [ ]

(See other side for information on intangible tax.)

12. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Blaise Chaplow BLAISE CHAPLOW 10-10-96 407-455-2250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #