

P9600000228

TRANSMITTAL LETTER

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

600001676236  
-01/03/96--01016--013  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: PRO AUTO CARE INC  
(Proposed corporate name - must include suffix)

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: JOHN H LAVO  
Name (printed or typed)  
5555 W. LINEBAUGH ave  
Address  
TAMPA, FL-33624  
City, State & Zip  
(813) 962-2555  
Daytime Telephone number

FILED  
96 JAN -2 PM 6:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

*Handwritten signature/initials*

**ARTICLES OF INCORPORATION**  
**OF**

PRO AUTO CARE 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:

PRO AUTO CARE INC

**ARTICLE II PRINCIPAL OFFICE**

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

5555 W.LINEBAUGH AVE  
TAMPA, FL-33624

**ARTICLE III SHARES**

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

ONE HUNDRED

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

The name and address of the initial registered agent is:

JOHN H LAVO 5555 W.LINEBAUGH AVE,TAMPA,FL-33624

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TALLAHASSEE, FLORIDA

**ARTICLE V INCORPORATOR(S)**

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

JOHN H LAVO

6810 ROSEMARY DR, TAMPA, FL-33625

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

29<sup>th</sup> day of December, 1995.

John H. Lavo

Signature

Signature

Signature

Articles of Incorporation  
Filing Fee - \$35

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 807.0501 or 817.0501, 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: PRO AUTO CARE INC

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

JOHN H LAVO

(Name)

5555

~~5555~~ W. LINEBAUGH AVE

(P.O. Box not acceptable)

TAMPA, FL-33624

(City/State/Zip)

FILED  
96640002-2010-04-16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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)