PACO CRANNINITY AL DESTER 4069

(Proposed corporate name - must include suffix)

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

Filing Fee FROM:		Filing Fee & Certified Copy Additional Cop ARAMER (printed or typed)	Filing Fee, Certified Copy & Certificato y Required	
FROM:		GARdNER		_
FROM:				
		r (printed or typed)		
	4527 R	Nosevel+Blud Address	1. Suite 109	
	JACKSONVI	ille Florida	32210	
	Ci	ity, State & Zip	80	0000168437
	(904) 786-2	982		/10/960107000 **131.25

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

ARTICLES OF INCORPORATION

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The undersigned incorporator, for the purpose of forming a corporation under the Floriday (1971) (3) Business Corporation Act hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be Panama City Mufflers, Inc.

ARTICLE II PRINCIPLE OFFICE

The principal place of business and the permanent mailing address of this corporation will be located on the Tyndall Parkway in Bay County, Florida and will be assigned at a later date. Until notification for such a revision, the official mailing address for this corporation shall be: Panama City Mufflers c/o Mayo Gardner 4527 Roosevelt Blvd., Suite 109 Jacksonville, Florida 32210.

ARTICLE III SHARES

The total number of shares that this corporation is authorized to have outstanding at any one time is five hundred (500) shares of common stock and each such share shall have a par value of One Dollar (\$1,00).

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: Mayo Gardner 4527 Roosevelt Blvd, Suite 109 Jacksonville, Florida 32210.

ARTICLE V INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is: Mayo Gardner 4527 Roosevelt Blvd., Suite 109 Jacksonville, Florida 32210.

The undersigned incorporator has executed these Articles of Incorporation this 8th day of January , 1996,

Mingo Swedien

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. The name of the corporation is:	PANAMA City Muff	Yers, Inc.
2. The name and address of the reg	sistered agent and office is:	
	(NAME)	100 MILES
(P.O.)	avsevel + Blud Suite 109 Box or Mail Drop Box NOT ACCEPTABLE)	
TACKSON	Suille, Florida 322/0 (CHTY/STATE/ZIP)	製品 9

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) (DATE)

- P96000000000009

,	Panama City 274 N.T.	Reminster's Name Panana Liby Buffors, Inc. 274 N. Tyndoll Plang. Rangestoty, FL 32404) (U	WI
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	City/State	/Zip	Phone #		Office Use O	nly
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	Profit	Am	endment		ടഠായ്ക്കുട്ടു	2900653 /9701013013
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Other

Examiner's Initials

Dugla

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Sursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, indersigned corporation organized under the laws of the State of Florida	tha
ubmits the following statement in order to change its registered office or registered agent, or both, in state of Florida. The name of the corporation is: former Cify Mufflers Inc.	he
The name of the corporation is: Farmer Cify in Frees Live.	
. The mailing address of the corporation is : Powers City Millers , Love . det	
Meineke Sistement Me Afters, 274. N. Tyndell Alwy, Burnelity, Fe 32404	
Date of incorporation/qualification: Invadey 19 1996 Document number: 1960000 4069 The name and address of the current registered agent and office:	
MAYO GARDER	
1857 Wells Rd. Ste. 214	
Drange Park, FL 32013	
The name and address of the new registered agent and office: (P.O. Box Not Acceptable)	
John Gillam	
4 Parama City Mu Mens Alla Merra ke 274. N. Tyndril Plan, forman City, Fr 32404	
274. N. Tyndall Play, forman City, Fl 32404	
he street address of its registered office and the street address of the business office of its registered gent, as changed, will be identical.	
uch change was authorized by resolution duly adopted by its board of directors or by an officer so athorized by the board.	
ignature of an officer, chairman of the board) 98/9 (Date)	
John Gill Am, Pacsiden + (Printed or typed name and title)	
aving been named as registered agent and to accept service of process for the above stated corporation hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to amply with the provisions of all statutes relative to the proper and complete performance of my auties, and I am familiar with and accept the obligation of my position as registered agent.	1,
(St. makere of Registered Agent) (St. makere of Registered Agent) (St. makere of Registered Agent)	
f signing on behalf of an entity:	
(Typed or Printed Name) (Capacity)	

FILING FEE: \$35.00

CR2E045(1/95)

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City/State/Z		r number(s)	Office Use Only), (if known):	
1(Согро	ration Name)	(Document #))	
2(Согро	ration Name)	(Document #)		-
3(Corpo	ration Name)	(Document #)		
4(Corp.	oration Name)	(Document #))	-
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NEW FILINGS Profit	AMENDMENTS Amendment		800002051 -01/08/970 ******35.00	3281 1114018 *****35.00
NonProfit Limited Liability	Resignation of R.A., Offi Change of Registered Ag			
Domestication Other	Dissolution/Withdrawal Merger		SECRETAR TALLAHASS	F1L 97 JAN -8
OTHER FILINGS Annual Report Fictitious Name	REGISTRATIO QUALIFICATIO Foreign Limited Partnership	N/S	TARY OF STATE NASSEE. FLORIDA	
Name Reservation	Reinstatement Trademark		_	
	Other		1-16-	41

Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretory of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508 undersigned corporation organized under the laws of the State of	, Florida Statutes, the
submits the following statement in order to change its registered office or registered State of Florida. 1. The name of the corporation is: Manning City Muffler of Two	
2. The mailing address of the corporation is: formality faffless, Tollings C	mar
1527 Passer Net B(Vd, Jag FL, 322/6	
3. Date of incorporation/qualification: <u>January 10, 1996</u> Document number: 4. The name and address of the current registered agent and office:	P7600004069
MAYO GARDNER	
4527 Rosevel FBlod. Stai 109	
JACKSONVIlle, Florida 322	ALLE SECU SECU SECU SECU SECU SECU SECU SEC
5. The name and address of the new registered agent and office: (P.O. Box Not Acce	eptab
MAYO GARDNER	-B PH 12:
1859 Weils Rd. Ste. 2.14	12: 2 FLOR
Ocange Pack, Florida 32073	
The street address of its registered office and the street address of the business office agent, as changed, will be identical.	'
Such change was authorized by resolution duly adopted by its board of directors or lauthorized by the board.	by an officer so
(Signature of an officer, chairmant of vice chairman of the board) (Date)	<u> </u>
Jan Gilliam President (Printed or typed name and title)	
(Printed or typed name and title)	
Having been named as registered agent and to accept service of process for the about the appointment as registered agent and agree to act in this capacity comply with the provisions of all statutes relative to the proper and complete perform and I am familiar with and accept the obligation of my position as registered agent.	ove stated corporation, tv. I further agree to mance of my duties,
Man 2 A 12/20 10%	
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
(Typed or Printed Name) (Capacity)	
(1) from the state of the state	

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FILING FEE: \$35.00