

P960000/3305

TRANSMITTAL LETTER

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

SUBJECT: Collision Services of Apopka, Inc.
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ 70.00.

500001709835
-02/08/96--01015--014
*****70.00 *****70.00

FROM:

Ballantyne Acct'g Service
Name
903 N. Pine Hills Rd.
Address
Orlando, FL 32808
City, State, & Zip
(407) 298-0122
Telephone Number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 FEB -9 AM 9:50

Note: Additional copy of articles is needed only when certified copy is requested.

cf 2/13/96

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 FEB -8 AM 9:50

ARTICLES OF INCORPORATION

THE UNDERSIGNED, for the purpose of forming a Corporation under the Florida General Corporation Act, does hereby adopt the following Articles of Incorporation.

I

The name of the Corporation is: COLLISION SERVICES OF APOPKA, INC.
address of the Corporation's principal office is:

500 IRENE STREET
ORLANDO, FL 32808

II

The duration of the Corporation is perpetual.

III

The purposes for which the Corporation is organized are:

1. TO PRACTICE THE BUSINESS OF MAINTAINING AND REPAIRING AUTOMOBILES, TRUCKS AND VANS FOR THE GENERAL PUBLIC AND ASSOCIATED BUSINESSES.
2. TO TRANSACT ANY OTHER BUSINESS THAT CORPORATIONS MAY LAWFULLY TRANSACT UNDER THE FLORIDA GENERAL CORPORATIONS ACT.

IV

THE AGGREGATE NUMBER OF SHARES WHICH THE CORPORATION IS AUTHORIZED TO ISSUE IS ONE THOUSAND (1000.00). SUCH SHARES SHALL BE OF A SINGLE CLASS AND SHALL HAVE A PAR VALUE OF 1 DOLLAR (\$1.00) PER SHARE.

V

The initial Officer(s) and their addresses of the Corporation are:

DAVID A. LARSON
6139 LINNEAL BEACH DRIVE
APOPKA, FL 32703

VI

The street address of the initial registered office of the Corporation is:

500 IRENE STREET
ORLANDO, FL 32808
VII

The name of the initial Registered Agent is:

DAVID A. LARSON

VIII

The number of director constituting the initial Board of Directors of the Corporation is ONE (1). The name and address of the person who will serve as member of the initial Board of Director is:

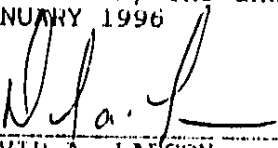
DAVID A. LARSON
6139 LINNEAL BEACH DRIVE
APOPKA, FL 32703

IX

The name and address of each Incorporator are:

DAVID A. LARSON
6139 LINNEAL BEACH DRIVE
APOPKA, FL 32703

Executed by the undersigned at Orlando, FL on the 3/5 day of
JANUARY 1996

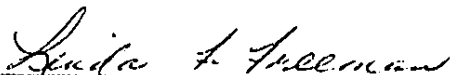


DAVID A. LARSON
INCORPORATOR

STATE OF FLORIDA)
COUNTY OF ORANGE)

BEFORE ME, the undersigned authority duly authorized in the State and
County aforesaid, personally appeared DAVID A. LARSON known to be the
person described as the subscriber and who executed the foregoing
Articles of Incorporation and that it is true and correct to the best
of my knowledge.

DATED this 3/5 day of JANUARY 1996



Notary Public



LINDA F. FREEMAN
My Commission CC370002
Expires Jun. 27, 1998
Bonded by HAI
800-422-1755

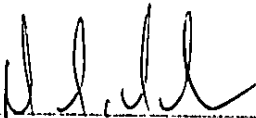
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 FEB -8 AM 9:50

ACCEPTANCE BY REGISTERED AGENT

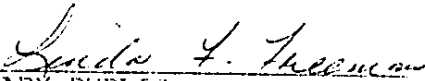
I, DAVID A. LARSON, agree to accept the designation of Registered Agent for COLLISION SERVICES OF APOPKA, INC as the Registered Agent. I agree to accept service of Process and to comply with all the other requirements of the Florida Statutes, Chapter 607 which apply to my capacity as Registered Agent.

DATED this 3/5 day of JANUARY 1996



DAVID A. LARSON
REGISTERED AGENT

Sworn to and subscribed before me this 3/5 day of JANUARY 1996



NOTARY PUBLIC



LINDA F. FREEMAN
My Commission CC379892
Expires Jun. 27, 1998
Bonded by HAI
800-422-1555