

P96000027354

TRANSMITTAL LETTER

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

SUBJECT: D & A AUTO CARE, INC.
(Proposed corporate name - must include suffix)

500001754645
-03/22/96--01030--010
****122.50 ****122.50

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

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75	<input checked="" type="checkbox"/> \$122.50	<input type="checkbox"/> 131.25
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee & Certified Copy

FROM: NICHOLAS J. RIZZO
Name (printed or typed)
500 E. Semoran Blvd. # 6
Casselberry, FL 32707
(407) 767-6588

FILED
96 MAR 22 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AL MAR 28 1995

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

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:

D & A AUTO CARE, INC.

ARTICLE II PRINCIPAL OFFICE

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

Name D & A AUTO CARE, INC.

Address 2721 N. FORSYTHE RD, STE. 454

Address WINTER PARK, FL 32792

ARTICLE III SHARES

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

10,000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Dave Thakur

1002 Cutoff Branch Rd

Oviedo, FL 32765

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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):

name DAVE THAKUR

address 1002 CUTOFF BRANCH RD

address OVIEDO, FL 32765

name

address

address

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

this 15 day of MARCH, 19 96


Signature

Signature

Signature

Articles of Incorporation

Filing Fee - \$35.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISION 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: D & A AUTO CARE, INC.

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

DAVE THAKUR

(NAME)

1002 CUTOFF BRANCH RD

(P.O. BOX NOT ACCEPTABLE)

OVIEDO, FL 32765

(CITY/STATE/ZIP)

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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)

3-15-96

(Date)