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FLORAL CITY AUTO PARTS, INC. P. O. BOX 504 FLORAL CITY, FLORIDA 34436-0504

March 1, 1996

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

RE: FLORAL CITY AUTO PARTS, INC.

081000000117002888908 -00729736--01071--017 ****122,50 ****122,50

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation with a check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Sincerely,

Harry Teachman, Jr.
Floral City Auto Parts, Inc.
P. O. Box 504

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Floral City, FL 34436-0504

FILED

ARTICLES OF INCORPORATION

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SECRETALIANA STELLANDA

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 : NAME

The name of the corporation shall be:

FLORAL CITY AUTO PARTS, INC.

ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:

P. O. BOX 504 (8294 E. ORANGE AVE.) FLORAL CITY, FLORIDA 34436-0504

ARTICLE III SHARES

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

ONE HUNDRED SHARES (100) OF ONE DOLLAR(S) (\$1.00) PAR VALUE COMMON STOCK, WHICH SHALL BE DESIGNATED "COMMON STOCK"

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

HARRY TEACHMAN, JR.
P. O. BOX 504 (8294 E. ORANGE AVE.)
FLORAL CITY, FLORIDA 34436-0504

ARTICLE V PRINCIPAL OFFICE AND REGISTERED AGENT ADDRESS

THE ADDRESS OF THE PRINCIPAL OFFICE AND THE REGISTERED AGENT ARE THE SAME:

P. O. BOX 504 (8294 E. ORANGE AVE.)
FLORAL CITY, FLORIDA 34436-0504

ARTICLE VI INITIAL BOARD OF DIRECTORS

THIS CORPORATION SHALL HAVE NO DIRECTORS INITIALLY. THE CORPORATION SHALL BE MANAGED BY THE SHAREHOLDERS OF THE CORPORATION RATHER THAN BY A BOARD OF DIRECTORS.

ARTICLE VII INCORPORATOR(S)

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

HARRY TEACHMAN, JR. 3417 ROSE POINT INVERNESS, FL 34450

PRESIDENT - TREASURER

DEBRA S. TEACHMAN 3417 ROSE POINT INVERNESS, FL 34450 VICE-PRESIDENT - SECRETARY

The undersigned incorporator(s) has (have) exe \$20\to day of macel , 19 %.	cuted these Articles of	Incorporation this
Harry Teachman J.		
Signature		
Signature		
NOTE: Affixing an officer title after a signature the designation of officers.	of an incorporator doe	s not constitu:e
STATE OF FLORIDA COUNTY OF CITRUS		
before me, a Notary Public authorized to take a set forth above, personally appeared	cknowledgements in the	State andCounty
HARRY TEACHMAN JR . DEBRA S and known to be the person(s) who executed the	TEACHMAN	known to me
and known to be the person(s) who executed the and who acknowledge before me that <u>THEY</u> ex	ie foregoing Articles of secuted these Articles o	incorporation, f incorporation.
IN WITNESS WHEREOF, I have hereunto affixed County aforesaid, this 20* day of MARCH	d my hand and seal, in	the State and
Sachaer M. Jamblay	Quantumanianianianiani S. 18 ^{87 e} lle — Backer M.	
(Motary rublic, state of Florids at Large)	Notary Public, Commission N Or no My Commission 1-900-3-NOTARY Fla. Notary St	lo. CC 368204

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	: FLORAL CITY AUTO PARTS, INC.	
2. The name and address of the	-	
HAR!	RY TEACHMAN, JR.	
Р. ((NAME) D. BOX 504	
820/	TE ODANCE AVE	

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.

(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

FLORAL CITY, FLORIDA 34436-0504 (CITY/STATE/ZIP)

Harry Teach 3-7-96 (SIGNATURE) (DATE)