PAGNING THE SOME THE WORLD

April 25, 1996

Corporate Records Bureau Division of Corporations Department of State PO Box 6237 Tallahassee, FL 32314

Gentlemen:

Enclosed please find the papers for incorporating MATT'S AUTO REPAIR, INC., 6293 LANDSDOWNE CIRCLE, BOYNTON BEACH, FL 33437.

Also enclosed is a check for \$ 70.00.

Please return all necessary papers to MATT'S AUTO REPAIR, INC., at the above address.

Thank you,

Sincerely,

Matthew W. Fessenden

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Director



OF

MATT'S AUTO REPAIR, INC.

THE UNDERSIGNED SUBSCRIBERS TO THESE ARTICLES OF INCORPORATION, EACH A NATURAL PERSON, COMPETENT TO CONTRACT, HEREBY ASSOCIATE THEM'SELVES TOGETHER TO FORM A CORPORATION FOR PROFIT UNDER THE LAWS OF THE STATE OF FLORIDA; AND FURTHER DO AGREE TO THE FOLLOWING CONDITIONS OF SAID CORPORATION,

ARTICLE I: NAME

THE NAME OF THIS CORPORATION IS: MATT'S AUTO REPAIR, INC.

ARTICLE II: NATURE OF BUSINESS

THE GENERAL NATURE OF THE BUSINESS TO BE TRANSACTED BY THIS CORPORATION IS TO DO ALL THINGS WHICH NATURAL PERSONS MIGHT OR COULD LAWFULLY DO IN THE PREMISES AS FOLLOWS:

Auto & truck repairs, and any other related activities permitted under law by the State of Florida.



ARTICLE III: CAPITAL STOCK

THE MAXIMUM NUMBER OF SHARES THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY TIME IS 500 SHARES AT \$1.00 PAR VALUE.

ARTICLE IV: INITIAL CAPITAL

THE AMOUNT OF CAPITAL WITH WHICH THIS CORPORATION WILL BEGIN BUSINESS IS \$500,00.

ARTICLE V: THERM OF EXISTENCE

THIS CORPORATION SHALL HAVE PERPETUAL EXISTENCE UNLESS DISSOLVED BY ACTION OF LAW.

ARTICLE VI: ADDRESS

THE INITIAL POST OFFICE ADDRESS OF THIS CORPORATION IN THE STATE OF FLORIDA IS:

> **6293 LANDSDOWNE CIRCLE** BOYNTON BEACH, FL 33437

ARTICLE VII: DIRECTORS

THIS CORPORATION SHALL HAVE ONE DIRECTOR, INITIALLY. THE NUMBER OF DIRECTORS MAY BE INCREASED OR DIMISHED FROM TIME TO TIME BY THE BY-LAWS ADOPTED BY THE STOCKHOLDERS.

ARTICLE VIII: INITIAL DIRECTORS AND OFFICERS

THE NAMES AND POST OFFICE ADDRESS OF THE FIRST BOARD OF DIRECTORS AND OFFICERS OF THIS CORPORATION ARE AS FOLLOWS:

DIRECTOR

NAME ADDRESS TITLE

MATTHEW W. FESSENDEN 6293 LANDSDOWNE CIRCLE PRESIDENT/ BOYNTON BEACH, FL 33439

ARTICLE IX: SUBSCRIBERS

THE NAME AND POST OFFICE ADDRESS OF EACH SUBSCRIBER TO THESE ARTICLES OF INCORPORATION, THE NUMBER OF SHARES OF STOCK EACH AGREES TO TAKE, AND THE VALUE OF THE CONSIDERATION PAID THEREFORE ARE AS FOLLOWS:

NAME ADDRESS NO_OF SHARES AMT PAID

MATTHEW W. FESSENDEN, 6293 LANDSDOWNE 500 \$500,00

BOYNTON BEACH, FL 33437

ARTICLE X: AMENDMENT

THESE ARTICLES OF INCORPORATION MAY BE AMENDED IN THE MANNER PROVIDED BY LAW. EVERY AMENDEMENT SHALL BE APPROVED BY THE BOARD OF DIRECTORS, PROPOSED BY THEM TO THE STOCKHOLDERS, AND APPROVED AT A STOCKHOLDERS MEETING BY A MAJORITY OF THE STOCKHOLDERS. IN WITNESS WHEREOF, WE HAVE HEREUNTO SET OUR HANDS AND SEALS THIS 35 DAY OF 1901 1996.

Muthew W. Fessenden

STATE OF FLORIDA)

COUNTY OF

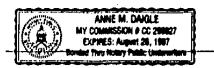
) Broward

THEREBY CERTIFY THAT ON THIS DAY, BERFORE ME, A NOTARY PUBLIC, DULY AUTHORIZED IN THE STATE AND COUNTY NAMED ABOVE TO TAKE ACKNOWLEDGMENTS, PERSONALLY APPEARED:

MATTHEW W. FESSENDEN

> Anne M. Daigle NOTARY PUBLIC

MY COMMISSION EXPIRES:



CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

AUTO REPAIR, INC.
NAME OF CORPORATION)
R QUALIFY UNDER THE LAWS OF THE STATE
ICIPAL PLACE OF BUSINESS AT CITY OF
STATE OF FLORIDA
(STATE)
HEW W. FESSENDEN
OF REGISTERED AGENT)
SDOWNE CIRCLE_CITY OF _BOYNTON BEACH
S) (CITY)
AGENT TO ACCEPT SERVICE OF PROCESS
ATURE Motthew W. Tenenden
ATURE PROCEEDING OF TENNERORIE
(CORPORATE OFFICER)
Diroctor/Drocidont
TITLE Director/President
4/25/01
DATE 4/25/96

HAVING BEEN NAMED YTO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE_

(REGISTERED AGENT)

date<u>4/35/96</u>