P960000 48717

CAPITOL SERVICES d/b/a PARALEGAL & ATTORNEY SERVICE BUREAU, INC.	
(Requestor's Name) 1406 Hnys Street, Suite 2	
(Address) Tallahassee, FL 32301 (904) 656-3992	
Tallahassee, FL 32301 (904) 656-3992 (City, State, Zip) (Phone #)	OFFICE USE ONLY

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1. Johnny S	Automotive, he	(Document #)	5,7 65
2. (Corporal	ion Name)	(Document #)	16- b
(Corporat	ion Name)	(Document #)	E D
(Corporat	ick up time _6/6	(Document #) Certified Copy	70. 31.
Mail out V	Vill wait Photocopy	Certificate of Status	15 B
NEW FILINGS	AMENDMENTS		RECEIVED Jun -6 PH 2:5
∑ Profit	Amendment		2 d 1
/ NonProfit	Resignation of R.A., Officer	r/Director	PH PRPQ
Limited Liability	Change of Registered Agen	t	ED 2: c
Domestication	Dissolution/Withdrawal		TION .
Other	Merger		
OTHER FILINGS	REGISTRATION/ QUALIFICATION	_	20g (30,4g
Annual Report	Foreign		
Fictitious Name	Limited Partnership		120Ko
Name Reservation			20g
	Reinstatement		5)
	Trademark	Examine	r's Initials
CR2E031(10/92)	Other	<u> </u>	



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 6, 1996

CAPITOL SERVICES 1406 HAYS ST. SUITE 2 TALLAHASSEE, FL 32301

SUBJECT: JOHNNY'S AUTOMOTIVE, INC.

Ref. Number: W96000012088

We have received your document for JOHNNY'S AUTOMOTIVE, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6926.

Sheldon Bream Document Specialist

Letter Number: 296A00028421

, ,		of , .,		
Johnny's	Transmission,	_tņe		
Who would be bound and something (e) to the	•	of corporation)		
The undersigned subscriber(s) to the corporation under the laws of the	State of Florida.	orporation, natural person(s) cor	ubereur to controldi Ticibad to	orm a
	ARTICLE I	- CORPORATE NAME	96 JUN -6 /// II	46
The name of the corporation is:	Johnny's	Transmission, Inc.	PACE ALVA E OF STA VALUALADA DE, FLOR	TE IDA
	ARTICL	E II - DURATION		
This corporation shall exist perpet	ually unless dissol	lved according to Florida law.		
	ARTICL	E III - PURPOSE		
The corporation is organized for the United States and the State of Floring	e purpose of enga orida.	ging in any activities or business	permitted under the laws o	f the
	ARTICLE I	V · CAPITAL STOCK		
The corporation is authorized to iss		•) of <u>common</u>	·····
Dollar(s) (\$ 1.00) par value Comi	mon Stock, which shall be des	ignated "Common Shares."	
ARTICLE	E V - INITIAL RI	EGISTERED OFFICE AND A	GENT	
The principal office, if known, or	the mailing adres	s of the corporation is:		
NAME Johnny's Tr	anemission, I	nc.		
ADDRESS 1852 N.W.	29th Stree	t		
crry Fort Laud	erdale,	FLORIDA	zir 3331	1.2
The name and street address of the	he Initial Register	ed Agent of this Corporation	is:	
NAME John Role	s			
ADDRESS 1852 N.W.	29th Street	ե <u></u>		
criy Fort Laud	erdale	FLORIDA	zir 33312	<u>. </u>
· AR	TICLE VI - INIT	IAL BOARD OF DIRECTORS	•	
This corporation shall have or increased or diminished from time addresses of the initial director(s)	to time by the B	y-Laws, but shall never be less	umber of directors may be eithan one (1). The names	ither and
NAME John Roles	· S			
ADDRESS 1852 N.W.	29th Street	,		
TTY Fort Laude	erdale,	STATE Florid	a. ZIP 3331	2
VAME		 		
ADDRESS		• • • • • • • • • • • • • • • • • • •		
TITY	 	STATE	ZIP	
NAME				
ADDRESS		·		
спу		SIVITE .	ZIP	
FORM 215: ARTICLES OF INCORPORA	TION, PAGE 1	PAGE 1	SEMINOLE-MI	амі 🗒

The Canary yellow first sheet in this set of forms is your WORK SHEET.

AKTICLES OF INCORPORATION

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ZIMDODTA NIT.

The names and addresses of the incorporators signing these Articles of Incorporation are as follows: Capitol Services | 100 NAME ... 1406 Hays Street ADDRESS Tallahassee, STATE Florida 32301 CITY ZIP NAME ADDRESS CLLA STATE ZIP NAME **ADDRESS** CTTY STATE ZIP IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this (Scal) (Scal) (Scal) STATE OF FLORIDA SS COUNTY OF before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who executed these Articles of Incorporation. acknowledged before me that IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this (Notary Seal) (Notary Public, State of Florida at Large) My Commission expines:

FORM 215: ARTICLES OF INCORPORATION

🦆 PAGE 2

SEMINOLE-MIAMI

OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

Johnny's Transmission, Inc.
(name of corporation)
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation
ns registered office as indicated in the same
ut 1852 N.W. 29th Street
Fort Lauderdale, Florida, 33312
has named JOHN ROLES
located at the aforesaid address, as its Registered Agent to accept service of process
within this state.
ACKNOWLEDGEMENT
NCM+O#LEDGEME(*)

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

Ht John Kolee Jo (registered agent)

FILED MAN SECRETATION OF STATES

FORM 215:

CERTIFICATE & ACKNOWLEDGEMENT REGISTERED AGENT

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