PHONOGER 168768

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

SUBJECT: 011 (/15/9601059008 ***70.00 *****70.00			
Enclosed is an origina for :	I and one (1) co	py of the articles o	of Incorporation	
Filing Fee	Filing Fee & Certificate	Filing Feu & Certified Copy Additional Cop	Filing Fee, Certified Cop & Certificate	
FROM: Mary Jo		nnings planted or typed)		- 14114119 1416119 1416119
	4606 S.	W. 7th Avenue		5 5 FH
		Address	····	
		ral, FL 33914		999
	Cit	y, State & Zip		8/900
	(941) 9		·····	. A
	Daytime	Telephone number	•	11)

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:

Oil Eaters Corporation

ARTICLE II PRINCIPAL OFFICE

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

4606 S.W. 7th Avenue Cape Coral, FL 33914

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the அங்கி கூடுக்கான agent is:

Mary density is MGDS S.M. To a Avenue Tage Cores, "L 33914

FILING FEE: \$70.00

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of incorporation is(are);

Mary Jonnings, 4606 S.W. 7th Avenue Cape Coral, FL 33914

Paul Jennings 4606 S.W. 7th Avenue Cape Coral, FL. 33914

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
day of August , 19 96 .
(An additional article must be added if an effective date is requested.)

Signature
Signature
Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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: 011 Eaters Corporation			
2.	The name and address of the registered agent and office is:	(-) (-)	10	
	Mary Jennings		ELIS I	111
	(NAME)		O1	1
	4606 S.W. 7th Avenue (P.O. Box or Mail Drop Box NOT ACCEPTABLE)		21111± 56	Ü
	Cape Coral FI 33914 (CITY/STATE/ZIP)	** **		

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.

Mary Juniag 8/12/96 (SIGNATURE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

ATTORNIN AT LAW

12699 New Brittany Elvd., Suite 5 Fort Myers, Florida 33907

Tekshone: 941-275-0000 Facaimile: 941-277-1290

August 7, 1997

ATTN: Ms. Velma Sheppard Department of Secretary of State Dissolution Division 409 East Gaines Street Tallahassee, FL 32399

RE: Dissolution of Oil Enters Corporation

Dear Ms. Sheppard:

Please find enclosed the following:

1. The Articles of Dissolution for Oil Eaters Corporation;

3. Affidavit of Oil Eaters Corporation; and

4. The \$35.00 filing fee.

Mr. Purintun has agreed to forward these documents to you to facilitate their filing. The principals of Oil Eaters Corporation wish to re-incorporate the corporation as of this date through Mr. Purintun's assistance. Therefore, I respectfully request that you file these documents immediately.

Of most importance is the need to determine if the filing has been met. Consequently, as agreed I will be calling Mr. Purintun Friday afternoon to determine if the filing was appropriate.

Thank you very much for your kind cooperation.

Respectfully

Terrence F. Leniel:

TFL:mci

ARTICLES OF DISSOLUTION OF OIL EATERS CORPORATION

TO: Department of State State of Florida

Tallahassee, FL 32399 Date Paid: Filing Fee: \$35.00

Pursuant to the provisions of Section 607,1403 of the Florida General Corporation Act, the undersigned being both the incorporators, directors and shareholders of the corporation hereinaster named, adopt the following Articles of Dissolution:

- 1. The name of the corporation is OIL EATERS CORPORATION.
- 2. The date of filing of its Articles of Incorporation is August 15, 1996.
- 3. The date dissolution was authorized is Thursday, August 7, 1997.
- The dissolution was approved by the incorporators, directors, and shareholders. Paul and Mary Jennings own 100% of the entire stock.
- The number of shares cast, which was 100% for dissolution is sufficient for approval for dissolution of the corporation. The incorporators and directors unanimously voted for dissolution.
 - 6. No debts of the corporation remain unpaid.
- No assets of the corporation currently exist. Therefore, the winding up of the corporation has been complete.
- The effective date of dissolution is Friday, August 8, 1997, the date of filing of these Articles of Dissolution.

Dated: August-7, 1997.

PAUL JENNINGS, Jacorporator,

Director and Shareholder

MARY JEN NOS, Incorporator,

Director, and Shareholder

STATE OF FLORIDA	\
The foregoing i	nstrument was acknowledged before me this 2 day of August, 1997, and MARY JENNINGS who states that they have read the foregoing and correct to the best of their knowledge, information and belief, and who:
J. () di	d take an oath, (OR) d NOT take an oath.
() is	are personally known to me, (OR) not personally known to me and who produced a current Florida driver's license as identification, (OR)
is	not personally known to me and who produced as identification.
Name of Notary: Type or Stamped	Signature of Notary

My Commission Number: My Commission Expires: