(Proposed corporate name - must include suffix)

DBA OIL BUILER

SUBJECT: _

Enclosed is an original and one (1) copy of the articles of incorporation and a check for: **\$131.25** ↑\$122.50 X \$78.75 \$70.00 Filling Fee, Certified Copy Filing Foo Filing Fee & Certificate Filing Fac & Certified Copy & Cerdicate Additional Copy Required PH 12: 49 J BUCKLEY ACCOUNTING FROM: Name (printed or typed) SUNSET DR Address MELBOURNE, FL. 32935 City, State & Zip (407) <u>253-863</u>3 Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 3, 1996

R J BUCKLEY ACCOUNTING

811 SUNSET DRIVE MELBOURNE, FL 32935

SUBJECT: OLI CHANGE SERVICES, INC.

Ref. Number: W96000020953

DBA OIL BUTLER

Wehave received your document for OLICHANGESERVICES, INC. DBAOIL BUTLER and check(s) totaling \$78.75. However, the enclosed document has not been filled and is being returned to you for the following reason(s):

Corporations may file using only the corporate name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

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) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 496A00045327

TRANSMITTAL LETTER

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

SUBJECT: 01L CHANGE SERVICES, INC (Proposed corporate name - must include suffix)								
Mada and to an estatual			i Innovention e	and a shack				
Enclosed is an original for: \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	py of the articles of \$122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate	ing a check				
FROM:		ACCOUNTING printed or typed) DR						
Address								
MELBOURNE, FL. 32935 City, State & Zip								
	(407) 253-80	633						

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

Daytime Telephone number

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 CHANGE SERVICES, INC

96 OCT 18 PHI2: 49
SECRETARY OF STATE
ALLAHASSEF FLORIDA

ARTICLE II C PRINCIPAL OFFICE

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

115 ADAMS AVE CAPE CANAVERAL, FL. 32920

ARTICLE III SHARES

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

7500 SHARES

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

MICHAEL VERDON 115 ADAMS AVE CAPE CANAVERAL, FL. 32920

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):

MICHAEL VERDON 115 ADAMS AVE CAPE CANAVERAL, FL. 32920

The undersigned incorporator	(s) has(have) executed these Articles of Incorporation this
day of	, 19
(An additional article must be	added if an effective date is requested.)
Mu	luck Vulan 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. 7	The name of the corporation is:	OIL CHANGE SERVICES,	INC	-
2. 5	- The name and address of the registe	ered agent and office is:		
	MICHAEL VERDON (NAME)		96 OCT	
	115 ADAMS A (P.O. Box	VE or Mail Drop Box <u>NOT</u> acceptable)	T 18 PH	77.1
	CAPE CANAVE	RAL, FL. 32920 (CITY/STATE/ZIP)	HIZ: 49	£ 5.8

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.

Michel Veran 10-9-96 (SIGNATURE) (DATE)