PATODOO 1750 TRANSMITTAL LETTER

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

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SUBJ		UTO CLINIC.		44	
		Proposeu corpoisw	name - must include su	mx)	
	÷.				
Enclos	sed is an origina	l and one (1) cop	by of the articles of	incorporation and a	check
for:	↑ 70.00	□ 478.75	1122.50	= \$131.25	
	Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate	\$EC 97 J
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	FROM:		L. DAVIS, ESO.		PH 12: 54
		•) (printed or typed) 407, Skylake St.	AME DANK DIDC	: 54 Tighs
			E. MIAMI GARDE		- 55
		•	Address		
		NORTH 1	MIAMI BEACH, FL	ORIDA 33179	
			hy, State & Zip		
		(305)	940-2352	10,1111	
		Daytin	ne Telephone number		

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

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ARTICLES OF INCORPORATION

DIVISION OF CORPORATIONS

97 JAN-2 PHI2: 54

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: AUTO CLINIC, INC.

ARTICLE IL PRINCIPAL OFFICE

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

10420 N.W. 10TH STREET PLANTATION, FLORIDA 33322

ARTICLE III SHARES

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

100 SHARES NO PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

RONALD L. DAVIS, ESQ.
SUITE 407
SKYLAKE STATE BANK BUILDING
1550 N.E. MIAMI GARDENS DRIVE
NORTH MIAMI BEACH, FLORIDA 33179

ARTICLE V INCORPORATOR(8)

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

STEVE ELLENTHAL 10420 N.W. 10TH STREET PLANTATION, FLORIDA 33322

The undersigned incorporator(s) has(have) executed these Articles of incorporation this

STEVE ELLENTHAL

Signature

Signature

Articles of Incorporation Filing Fee - \$35

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

In pursuance of Chapter 48,091, Florida Statutes, the following is submitted, in compliance with said Act:

AUTO CLINIC, INC.

FirstThat	AUTO CLINIC, INC.
desiring to organi	ze under the laws of the State of Florida
with its principal	office, as indicated in the Articles of Incorporation
at the City of	PLANTATIONCounty ofBROWARD
State of FLORIDA	has named RONALD L. DAVIS, P.A., located at: SUITE 407
SKYLAKE STATE BANK	BUILDING, 1550 N.E. MIAMI GARDENS DRIVE, City of NORTH
NORTH MIAMI BEACH,	County of DADE , State of Florida, as its agent to accept
service of process	within this state.

ACKNOWLEDGEMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been names to accept service of process for the above stated corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

(Resident Agent)