

TRANSMITTAL LETTER

P9 8 00000 6094

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

FILED
98 JAN 20 AM 9:03
TALLAHASSEE, FLORIDA

SUBJECT: Auto Air Doctor, Inc
(Proposed corporate name - must include suffix)

4000002404944
-01/20/98--01089--OUT 3
****122.50 ****122.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Nancy E. Jorgensen
Name (Printed or typed)

5190 Harpers Cleft
Address

Sarasota FL 34235
City, State & Zip

941-342-9848
Daytime Telephone number

F. CHESSEY JAN 17 1998

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:

Auto Air Doctor, Incorporated.

ARTICLE II PRINCIPAL OFFICE

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

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6015 N. Tamiami Trail
Bradenton FL 34207

ARTICLE III SHARES

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

200.

200.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

N.S.

Nancy E. Jorgensen
5190 Harpers Croft
Sarasota FL 34235

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CLERK OF STATE
TALLAHASSEE, FLORIDA

See instructions for officers/directors

Nancy E. Jorgensen
5190 Harpers Craft
Sarasota FL 34235

15 day of January, 1998:

Nancy C. Argenson
Signature President

Signature

Signature

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 Auto Air Doctor, Incorporated

2. The name and address of the registered agent and office is:

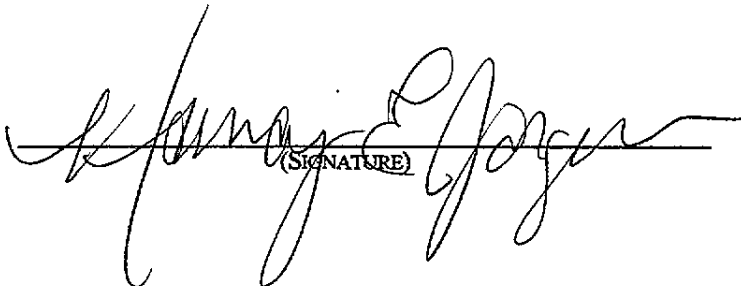
Nancy E Jorgensen
(NAME)

5190 Harpers Croft
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Sarasota FL 34235
(CITY/STATE/ZIP)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.


(SIGNATURE)

1/15/98
(DATE)