## 19800024067

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

SUBJECT: Extra Care Auto Repair Inc.  (Proposed corporate name - must include suffix)				
	and one(1) copy of the articles		90000245 -03/12/98- ****122.5	5279- -01052-01 50 ****122
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	■\$122.50 Filing Fee & Certified Copy  ADDITIONAL CO	□ \$131.25 Filing Fee, Certified Copy & Certificate	
FROM:	Arlene J. Adams  Name (Printed or typed)  3940 Arcano Street  Address  Lake Worth, FL 33461  City, State & Zip			FILED 98 MAR 12 PH 2: 28
/J'\'`\\\\	Daytime Telephone number			

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

## FILED

## ARTICLES OF INCORPORATION

98 MAR 12 PM 2:28

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

SECRETARY OF STATE TALLAHASSEE. FLORIDA

NAME ARTICLE I

The name of the corporation shall be:

Extra Care Auto Repair Inc.

PRINCIPAL OFFICE ARTICLE II

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

3940 Arcano Street Lake Worth, FL 33461

ARTICLE III SHARES

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

50

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Arlene J. Adams 3940 Arcano Street Lake Worth, FL 33461

INCORPORATOR ARTICLE V

The name and address of the incorporator to these Articles of Incorporation are:

Arlene J. Adams/President 3940 Arcano Street Lake Worth, FL 33461

'President

Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

03/09/98

Date