PASOLUM 36934

FILED

98 APR 23 PM 12: 11

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

DNM CAR CARE, INC (Proposed corporate name - must include suffix) Enclosed is an original and one(1) copy of the articles of incorporation and a check for : **\$78.75** \$70.00 \$122.50 \$131.25 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate & Certified Copy Certified Copy & Certificate ADDITIONAL COPY REQUIRED Name (Printed or typed) PL. 3206\$ City, State & Zip Daytime Telephone number MPR 23 1998

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

ARTICLES OF INCORPORATION

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

	, "HOULL, FLURIUA
ARTICLE I NAME	
The name of the corporation shall be:	
DNM CAR CARE, INC.	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address of this corporation shall be:	•
2929 COLLEGE PANK DR	
MIDDLEBURG- FL. 324C8	
ARTICLE III SHARES	
The number of shares of stock that this corporation is authorized to have outstanding at any	one time is:
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRES	SS
The name and Florida street address of the initial registered agent are:	_
STEPHEN NEITHBUR	
2929 COLLEGE PARK OR	
ARTICLE V INCORPORATOR	
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:	
STEPHEN C. NETOHBOR / ANGELA M. NETOHBOR	· ANGELA I WILLIAM
BOARD MEMBER 2929 COLLEGE PARK DR	Donson
MARIBUN PL 32062 PARK DR	BOARD MEMBERS
	MT. OTEN SA. 94041
	1. 260A

(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

Signature/Incorporator

Date