

Original

TRANSMITTAL LETTER

P98000064116

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

700002593047--3  
-07/20/98--01071--003  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: \_\_\_\_\_ HOLIDAY COLLISION CENTER, INC. \_\_\_\_\_

(Proposed corporate name - must include suffix)

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

X 70.00      78.75      122.50      131.25

FROM: \_\_\_\_\_ THOMAS L. DEHETRE \_\_\_\_\_  
Name (printed or typed)

\_\_\_\_\_ 1196 CAMARAC ROAD \_\_\_\_\_  
Address

\_\_\_\_\_ HOLIDAY, FL 34690 \_\_\_\_\_  
City, State & Zip

\_\_\_\_\_ (727) 934-3582 \_\_\_\_\_  
Daytime Telephone number

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

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DIVISION OF CORPORATIONS  
98 JUL 20 PM 3:44

RP  
07-21-98

ARTICLES OF INCORPORATION

OF

HOLIDAY COLLISION CENTER, INC.

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The undersigned incorporation (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:

HOLIDAY COLLISION CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

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

5930 TROUBLE CREEK ROAD  
NEW PORT RICHEY, FL 34652

ARTICLE III CAPITAL STOCK

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

100 SHARES NON-PAR

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

JAMES H. COLLIER SR.  
4344 SANDDOLLAR COURT  
NEW PORT RICHEY, FL 34652

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DIVISION OF CORPORATIONS  
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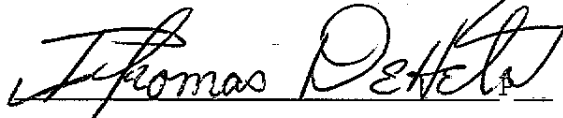
ARTICLE V INCORPORATOR(S)

The name (s) and street address (s) of the Incorporator (s) to these Articles of Incorporation  
is (are):

THOMAS L. DEHETRE  
1196 CAMARAC ROAD  
HOLIDAY, FL 34690

The undersigned has (have) executed these Articles of Incorporation this

16TH \_\_\_ DAY \_\_\_ OF JULY \_\_\_ 1998



Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER 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: \_\_\_\_\_

HOLIDAY COLLISION CENTER, INC.

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

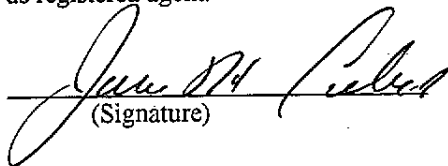
\_\_\_\_\_ JAMES H. COLLIER SR. \_\_\_\_\_  
(Name)

\_\_\_\_\_ 4344 SANDDOLLAR COURT \_\_\_\_\_  
(P. O. Box not acceptable)

\_\_\_\_\_ NEW PORT RICHEY, FL 34652 \_\_\_\_\_  
(City/State/Zip)

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DIVISION OF CORPORATIONS  
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I have been named as registered agent and to accept service of process for the aboved 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)

\_\_\_\_\_ 7-16-98 \_\_\_\_\_  
(Date)