P99000 23159

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

500002797446 -03/08/99--01090--001 ·*****78.75 *****78.75 Automaniacs II, Inc. (Proposed corporate name - must include suffix) Enclosed is an original and one (1) copy of the articles of incorporation and a check \$70.00 × \$78.75 \$122.50 \$131.25 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate & Certified Copy Certified Copy & Certificate Additional Copy Required FROM: Vincent D. Balletto Name (printed or typed) 3956 Town Center Blvd., Address Orlando, FL 32837 City, State & Zip (407) 248-9877 Daytime Telephone number

503/12

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:

Automaniacs II, Inc.

ARTICLE II PRINCIPAL OFFICE

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

542 Riverwoods Circle Orlando, FL 32825

ARTICLE III SHARES

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

100

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ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Daniel J. Facciarossa 542 Riverwoods Circle Orlando, FL 32825

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Daniel J. Facciarossa 542 Riverwoods Circle Orlando, FL 32825

The und	iersigned in	corporator(s) has(nave) executed these Articles of Incorporation	n thi
4	_ day of	March	, 19_ 99	-
(An add	itional articl	e must be added if	an effective date is requested.)	
	_	David	Jacuanossa Signature	
				
	•		Signature	
			Signatura	_

Notarization is not required

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:	Automaniacs II, Inc.		
2.	The name and address of the registe	red agent and office is:		
		. Facciarossa (NAME)	The state of the s	99 MAR -8 F
	542 Rive (P.O. Box o	rwoods Circle r Mail Drop Box <u>NOT</u> ACCEPTABLE)		
	Orlando,	FL 32825 (City/State/Zip)	-	2: 02 STATE STATE

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.

Y Daniel facusasia 3-4-99 (DATE)