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Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations
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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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FLORIDA PROFIT CORPORATION OR P.A.

PROBODY COLLISION, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

B. McKnight, MAR 01 2001

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

PROBODY COLLISION , CORP.

ARTICLE II PRINCIPAL OFFICE

7735 NW 53RD ST
MIAMI, FL 33166

ARTICLE III PURPOSE(S)

The specific purpose (s) for which the corporation is organized is (are):

A CORPORATION TO DO BUSINESS REPAIR & PAINT BODY CARS.

THE CORPORATION WILL HAVE A 100 SHARES FOR \$5.00 VALUE EACH

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is:
By the people that conform the Corporation

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

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

OLGA LIDIA PONCE
9941 SW 41 ST
MIAMI, FL 33165

ARTICLE VI INCORPORATOR

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

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OLGA LIDIA PONCE
9941 SW 41 ST
MIAMI, FL 33165

25 SHARES

PRESIDENT

DAVID DAMIAN PARSON
4213 SW 138 PLACE
MIAMI, FL 33176

25 SHARES

VICE PRESIDENT

YENEYS PARSON
1591 SW 86 CT
MIAMI, FL 33144

25 SHARES

TREASURE

ROBERTO PONCE
9941 SW 41 ST
MIAMI, FL 33165

25 SHARES

SECRETARY



Signature/ President

3/1/01

Date



Signature/ Vice President

3/1/01

Date

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Having been named as registered agent and to accept services 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 / Agent

3/1/01

Date

Jose Antonio Garcia
Accountant/Consultant
Notary Public State of Florida
At Large.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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