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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone

: (305)634-3694

Fax Number

: (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

reyes repairs corporation

Certificate of Status	***************************************
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Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

OF

REYES REPAIRS CORPORATION

ARTICLE I- Name

REYES REPAIRS CORPORATION

ARTICLE II- Address

574 E 18 Street Hialeah, Florida 33013

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ARTICLE III-Duration

This Corporation shall have perpetual existence commencing on the date of this filing of these Articles with the Department of State.

ARTICLE- IV Purpose

This Corporation is organized for the purpose of transacting any or alllawful business as a Maintenance and Repair Corporation

ARTICLE V- Capital Stock

This Corporation is authorized to issue 100 Shares of One Dollar (\$1.00) par value common stock, which shall be designated as "Common Shares".

ARTICLE VI- Pre-Emptive Rights

Every shareholder, upon sale for cash of any new stock of this Corporation, shall have the right to purchase his pro-rata share thereof (as nearly as many be done without issuance of fractional shares) at the price at which it is offered to others.

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ARTICLE VII- Initial Registered Agent

The street address of the Initial Registered Office of this Corporation is:

GUZMAN & ASSOCIATES,INC. C/O Josephine Guzman CLA 1800 SW 1 Street # 209B Miami, Florida 33135

ARTICLE VIII- Initial Board of Directors

This Corporation shall have two (2) Directors constituting the Initial Board of Directors. The number of Directors may either be increased or decreased from time to time by the By Laws; however, there shall never be less than (1) One Directors. The name(s) and address (es) of the Initial Board Of Directors of the Corporation is:

Flora Mollinea/President/ Director 574 E. 18 Street Hialeah, Florida 33013

ARTICLE IX- Incorporators

The Name and address of the Incorporator signing these articles is:

Flora Mollinea- President/Director 574 E. 18 Street Hialeah, Florida 33013

ARTICLE X-Indemnification

The Corporation shall indemnify any Officer or Director or any former officer or director, to the full extent permitted by Law.

ARTICLE XI- Amendments

This Corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment hereto, by a majority vote of the Board of Directors, and any right conferred upon the shareholders is subject to this reservation.

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IN WITNESS WHICREOF, the undersigned Incorporator has executed these Articles of Incorporation on the 8th day of August 2002.

Flora Mollinea-President Director

REYES REPAIRS CORPORATION

STATE OF FLORIDA COUNTY OF MIAMI-DADE

BEFORE ME, a Notary Public, authorized to take acknowledgements in the State of Florida and Miami-Dade County, personally appeared President/Director of REYES REPAIRS CORPORATION known to be the person who executed and signed these foregoing Articles of Incorporation.

IN WITNESS WHEREOF, I have set my hand and seal in the State of Florida, Coupty of Miami-Dade,

is By day of West _____2002.

My Commission Expires: 03/12/2002 ## <u>DD97408</u>

Notary Public State Of Florida At Large

JOSEPHINE GUZMAN CANDERA NGTANY PUNGSION & DE037408 COMMISSION & DE037408 EXPIRES 03728308 EXPIRES 03728308

Prepared by: GUZMAN & ASSOCIATES, INC.

C/O Josephine Guzman, CLA 1800 SW 1 Street # 209B

Miami, Florida 33135

Tel: (305) 644-8822 Fax: (305) 649-3059 COMMISSION # ODCOMOS COMMISSION # ODCOMOS COMMISSION # ODCOMOS EXPERE DATA 7005 BOKES THEM (-86 NOTARY)

CERTIFICATE FOR DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the Provisions of Section 697, Florida Statutes, the undersigned Corporation, organized under the Laws of the State of Florida, submits the following statement in designating the Registered Agent, in the State Of Florida.

1. Name of the Corporation is:

REYES REPAIRS CORPORATION

2.	The Name and Address of the Registered Agent Office is:
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GUZMAN & ASSOCIATES, INC.
C/O Josephine Guzman CLA

(Name)

1800 SW 1 Street # 209B

(P.O. Box or Mail Drop NOT Acceptable)

Miami, Florida 33135

(City/State/Zip)

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SECHARAGE UF STATE
TALLAHASSES, FLORIDA

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 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. I am familiar with and accept the obligations of my position as Registered Agent

08//3//2002

GUZMAN & ASSOCIATES, INC. C/O Josephine Guzman CLA

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