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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 922-4001

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

INTERNATIONAL REFINISHING SYSTEMS INC.

Certificate of Status	0
Certified Copy	1
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Bm 3/26/99

ARTICLE OF INCORPORATION

OF

INTERNATIONAL REFINISHING SYSTEMS INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: INTERNATIONAL REFINISHING SYSTEMS INC.

The principal place of business of this corporation shall be:

2020 NE. 135 ST. # 209
NORTH MIAMI, FLORIDA 33181

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 100 x \$ 10.00 = \$ 1,000.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

Prepared By: Basic Accounting Service
692 West 29st. # 9
Hialeah, Florida 33012
Phone# (305)-887-4185

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: _____
INTERNATIONAL REFINISHING SYSTEMS INC.

2. The name and address of the registered agent and office is _____
JUAN J. LIZAMA
(Name)

_____ 2020 NE. 135 ST. # 209
(P. O. BOX NOT ACCEPTABLE)

_____ NORTH MIAMI, FLORIDA 33181
(CITY/STATE/ZIP)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED 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 MY POSITION AS REGISTERED AGENT.

SIGNATURE Juan J. Lizama
DATE 03-26-99