Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| Fax Number | |

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Corporations

: (850)617-6381

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

**Enter the email address for this business entity to be used for future : annual report mailings. Enter only one email address please. **

| Email | Address: | |
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FLORIDA PROFIT/NON PROFIT CORPORATION LAR DIESEL SERVICES INC

| Certificate of Status | 0 |
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| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| TICLE II BOOM | CID 44 CERT | | | | |
|---|--|--|---------------------------------|-------------------|----------------|
| TICLE II PRIN | Principal street address pt 10 i | | Nation | | • |
| 19390 Suitset DR A | priori | | 15336 Sunset I Miami FL 3319 | dress, if differe | nt is: |
| Miami FL 33193 | | | Miami FL 3319 | 3 | —- |
| | | | | - | |
| TICLE III BUDG | 000 | | | | |
| TICLE III PURP | OSE the corporation is organized is: | | | | |
| Any ar | nd all Lawful purpose | | | | · |
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| <u>ICLE IV SHAR</u> | ES | | | | |
| | stock is: 500 | - | | | |
| number of shares of TICLE V INITIA Name and Title | stock is: 500 IL OFFICERS AND/OR DIRECTORS : Luis Alvarez Rodriguez, President | Name and T | | | |
| number of shares of | Stock is: 500 IL OFFICERS AND/OR DIRECTORS Luis Alvarez Rodriguez, President 15336 Sunset Dr Apt 10 11 | Name and T | | | |
| number of shares of TICLE V INITIA Name and Title | stock is: 500 IL OFFICERS AND/OR DIRECTORS : Luis Alvarez Rodriguez, President | Name and T | | | ···- |
| number of shares of TICLE V INITIA Name and Title | Stock is: 500 IL OFFICERS AND/OR DIRECTORS Luis Alvarez Rodriguez, President 15336 Sunset Dr Apt 10 11 | Name and T Address: | | | |
| Name and Title Address | Stock is: 500 L OFFICERS AND/OR DIRECTORS Luis Alvarez Rodriguez, President 15336 Sunset Dr Apt 10 11 Miami FL 33193 | Name and T Address: | | | |
| Name and Title Name and Title | Stock is: 500 LOFFICERS AND/OR DIRECTORS Luis Alvarez Rodriguez, President 15336 Sunset Dr Apt 10 11 Miami FL 33193 | Name and T Address: | | | |
| Name and Title Address | Stock is: 500 IL OFFICERS AND/OR DIRECTORS :: Luis Alvarez Rodriguez, President 15336 Sunset Dr Apt 10 11 Miami FL 33193 | Name and T Address: Name and T | | | |
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| Name and Title: Address Name and Title: Address | Stock is: 500 IL OFFICERS AND/OR DIRECTORS Luis Alvarez Rodriguez, President 15336 Sunset Dr Apt 10 11 Miami FL 33193 | Name and T Address: Name and T Address: Name and T | itle: | | |

| Name an | d Title: | Name and Title: |
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| Address | | Address: |
| | | |
| • | | |
| ARTICLE VI The name and FI | REGISTERED AGENT orida street address (P.O. Box NOT accepta | able on the second seco |
| Name: | Luis Alvarez Rodriguez | iole) of the registered agent is: |
| Address: | 15336 Sunset Dr Apt 10 11 | |
| | Miami FL 33193 | |
| ARTICLE VII | NCORPORATOR | |
| The name and ad | dress of the Incorporator is: | |
| Name: | Luis Alvarez Rodriguez | |
| Address: | 15336 Sunset Dr Apt 10 11 | |
| | Miami FL 33193 | |
| Effective date, if of (If an effective date) filing.) Note: If the date i | te is listen, the date must be specific and | (OPTIONAL) cannot be more than five days prior or 90 days after the icable statutory filing requirements, this date will not be listed as ords. |
| I submit this docu. document to the D | Required Signature/Registered Agen | o are true. I am aware that the false information submitted in a felony as provided for in s.817.155, F.S. |
| | - | Date |