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TALLAHASSEE, FLORIDA

DEPARTMENT OF REVENUE
DIVISION OF REGISTRATION
TALLAHASSEE, FLORIDA

Handwritten signature

**CORPORATE
ACCESS,
INC.**

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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1.) Authentic Collision Center, LLC
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

**ARTICLES OF ORGANIZATION
OF
AUTHENTIC COLLISION CENTER, LLC**

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ARTICLE I. NAME.

The name of this limited liability company is: AUTHENTIC COLLISION CENTER, LLC.

ARTICLE II. PRINCIPAL OFFICE.

The principal place of business and mailing address of this limited liability company is: P.O. BOX 453488, KISSIMMEE, FL 34745.

ARTICLE III. INITIAL REGISTERED AGENT AND OFFICE.

The name and address of the initial registered agent is: ABEL FERNANDEZ, 3012 STILLWATER DRIVE, KISSIMMEE, FL 34743.

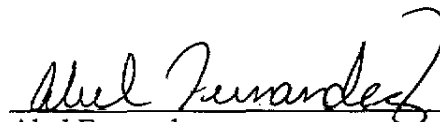
ARTICLE IV. MANAGEMENT.

The limited liability company is to be a member-managed company. The managing member of this limited liability company is: ABEL FERNANDEZ, P.O. BOX 453488, KISSIMMEE, FL 34745.

ARTICLE V. MEMBERS.


The name and street address of the member of the limited liability company are: ABEL FERNANDEZ, P.O. BOX 453488, KISSIMMEE, FL 34745.

The undersigned has executed these Articles of Organization on the 19 day of January, 2004.


Abel Fernandez

Acceptance by Resident Agent

Having been named as registered agent and designated to accept service of process for the above limited liability company, 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.


Abel Fernandez