## POOOOOOOOOOO395

Department of State
Division of Corporations
P.O.Box 6327
Tallahassee, FL. 32314

700003108007--3... -01/24/00--01086--017 \*\*\*\*\*78.75 \*\*\*\*\*78.75....

SUBJECT: MD AUTO COLLISION, INC.

(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee

& Certificate of Status

**№** \$78.75

Filing Fee

& Certified Copy

□ \$87.50

Filing Fee, Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:

RAMON REYES

Name (Printed or typed)
5035 PALM AVE.

Address

HIALEAH, FL. 33012

City, State & Zip

(305)822-0669

Daytime Telephone number

SECRETARY AS STATE
TALLAHASSEE, TLORID

NOTE:Please provide the original and one copy of the articles

ARTICLES	OF	INCORPOR	ATION -

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

ARTICLE I NAME\_

The name of the corporation shall be:

MD AUTO COLLISION, INC.

PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2103 Opa-Locka Blvd.

Opa-Locka FL. 33054

ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 COMMON SHARES

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JUAN D. GARCIA

4341 W. 10th AVE. HIALEAH, FL. 33012

INCORPORATOR

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

PRESIDENT/

JŪAN D. GARCIA

4341 W. 10th AVE.

**SECRETARY** 

HIALEAH, FL. 33012

1/19/2000 Signature/Incorporate Date

(An additional article must be added if an effective date is requested.)

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 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.

1/19/2000 Signature/Registered Agen Date