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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.

ISABELLA, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION

of

ISABELLA, INC.
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I- CORPORATE NAME

The name of the corporation is:

ISABELLA, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida Law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of operating as auto air-conditioning repair.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED shares(500) of ONE DOLLAR(S) (1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	<u>ALBERT CONTRERAS</u>
ADDRESS	<u>1546 N.W. 1ST AVE</u>
CITY	<u>BOCA RATON FLORIDA ZIP 33432</u>

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The principal office, if known, or the mailing address of the corporation is:

NAME ISABELLA INC.
ADDRESS 1546 N.W. 1ST AVE.
CITY BOCA RATON FLORIDA ZIP 33432

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have THREE (3) director(s) initially. The number of directors may be either increased or diminished from time to time by the by-laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follow:

NAME ALBERT CONTRERAS
ADDRESS 1057 SALMON ISLE
CITY WEST PALM BEACH FLORIDA ZIP 33413

NAME SHAD HASAN
ADDRESS 5199 DEERHURST CIRCLE
CITY BOCA RATON FLORIDA ZIP 33486

NAME ABDELHAKIM ABUTINEH
ADDRESS 10938 N. DANBURY WAY
CITY BOCA RATON FLORIDA ZIP 33498

NAME _____
ADDRESS _____
CITY _____ FLORIDA ZIP _____

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporates signing these Articles of Incorporation are as follows:

NAME ALBERT CONTRERAS
ADDRESS 1057 SALMON ISLE
CITY WEST PALM BEACH FLORIDA ZIP 33413

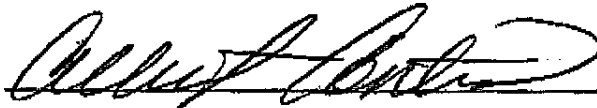
NAME _____
ADDRESS _____
CITY _____ FLORIDA ZIP _____

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NAME _____
ADDRESS _____
CITY _____ FLORIDA ZIP _____

NAME _____
ADDRESS _____
CITY _____ FLORIDA ZIP _____

IN WITNESS WHEREOF, the undersigned and subscriber(s)
have executed these Articles of Incorporation this 4TH
DAY OF February of 2000.

 _____ (Seal)

_____ (Seal)

_____ (Seal)

_____ (Seal)

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CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

ISABELLA, INC.

(Name of Corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

At

ISABELLA, INC.

1546 N.W. 1ST AVE.

BOCA RATON, FLORIDA 33432

has named ALBERT CONTRERAS

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.



(REGISTERED AGENT)

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