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

500003210775---04/17/00--01088--004 *****78.75 *****78.75

SUBJECT: Rene & Sons Au to Repaire Lac.

(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

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

25 NW 130 Street
Address

N. Miami FL 33167
City, State & Zip

305-687-3558

Daytime Telephone number

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

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

ARTICI	F	7	NAME
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The name of the corporation shall be:

Rene & SONS AUTO: REPAIRS, INC.

ARTICLE II PRINCIPAL OFFICE

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

2149 OPA-LOCKA BIVD MIAMI, FL 33167

ARTICLE III SHARES

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

1,000,000 AT NO PAR VALUE

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

ARTICLE V INCORPORATOR

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

[Continued of the incorporator of the incorporation are: [Continued of the incorporation of FRANCOIS PATRICK RENE / 1525 NW 130 SMEET

ANTHIME RENE 1525 NW 130 STREET

Nomiami, FL 33167 Folia Lec-Signature/Incorporator

3/5/2000

(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

Signature/Registered Agent

Date

Joseph a. SonriL 1645 NW 129 STREET N. miami, BL 33/67