Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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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

Fax Number

: (305)599-0839 : (305)716-0346

## FLORIDA PROFIT CORPORATION OR P.A.

COLLISION SERVICES GROUP, INC.

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#### ARTICLES OF INCORPORATION

<u>OF</u>

#### COLLISION SERVICES GROUP, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

#### **ARTICLE I NAME**

The name of the corporation shall be: COLLISION SERVICES GROUP, INC.

The principal place of business of this corporation shall be: 4747 Hollywood Blvd, Ste 175, Hollywood Fl., 33021.

#### ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

#### ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 1000 Shares @ \$1.00 Par value.

#### ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

### ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

Amadeo Bassi 4747 Hollywood Blvd, Ste# 175, Hollywood Fl, 33021.

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### ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Amadeo Bassi 4747 Hollywood Blvd, Ste# 175, Hollywood Fl, 33021.

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this, 2nd day of May 2000

Signature(s) of Incorporator(s)

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# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1.	The	name	of	the	corporation:
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COLLISION SERVICES GROUP, INC.

2. The name and address of the registered agent and office is:

Amadeo Bassi	4/47 Hollywood Blvd, Suite# 175
	(P.O. BOX NOT ACCEPTABLE)
	Hollywood Fl. 33021.
	(CITY/STATE/ZIP)
	SIGNATURE SIGNATURE
	TITLE
	DATE

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE	Bil	
DATE	5-2-00	