

OFFICE USE ONLY (Document #)

# LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

200003427462--9

-10/17/00--01042--017

\*\*\*\*\*78.75 \*\*\*\*\*78.75

## CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Professional Auto Brokers, Inc.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED  
00 OCT 17 AM 11:10  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Examiner's Initials

FILED  
00 OCT 17 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

CERTIFICATE OF INCORPORATION  
OF  
PROFESSIONAL AUTO BROKERS, INC

ARTICLE I- THE NAME OF THE CORPORATION SHALL BE: PROFESSIONAL  
AUTO BROKERS, INC.

ARTICLE II NATURE OF BUSINESS: The Corporation may engage in any  
activity or business permitted under the law of THE STATE OF FLORIDA  
AND OF THE UNITED STATE OF AMERICA.

ARTICLE III AUTHORIZED CAPITAL STOCK:

The maximum numbers of share of stock that this corporation is  
authorized to have outstanding is FIVE HUNDRED SHARE (500) HAVING  
A PAR VALUE OF \$1.00 ( ONE DOLLAR ) PER SHARE.

IV INITIAL CAPITAL:

The initial capital with which this Corporation will begin  
business is FIVE HUNDRED DOLLARS ( \$500 ).

ARTICLE V - OTHERS

THE CAPITAL STOCK OF THIS CORPORATION SHALL BE ISSUED PURSUANT TO A PLAN UNDER SECTION 1244 OF THE INTERNAL REVENUE CODE. AND SUBSEQUENT CHANGES AND MODIFICATIONS . ALL OF THE STOCKS AND SECURITIES IN LIEU OF CASH OR AT JUST VALUATION TO BE DETERMINE BY THE BOARD OF DIRECTORS.

ARTICLE VI - TERM OF EXISTENCE

THE CORPORATION SHALL HAVE PERPETUAL EXISTENCE.

ARTICLE VII INITIAL ADDRESS

THE INITIAL STREET ADDRESS IN THIS STATE OF THE PRINCIPAL OFFICE OF THE CORPORATION SHALL BE: 1741 N.W. 21 ST., *Miami* FLORIDA 33143.

THE NUMBERS OF DIRECTORS OF THIS CORPORATION SHALL BE NO LESS THAN ONE. ARTICLE VIII

THE NAME AND STREET ADDRESS (ES) OF EACH MEMBER OF THE FIRST BOARD OF DIRECTORS ARE AS FOLLOWS:

NAME	ADDRESS
PETER DOMINGUEZ	1741 N.W. 21 STREET MIAMI FL.33143

ARTICLE IX -SUSCRIBER (S)

THE NAME AND STREET ADDRESS OF EACH PERSON SIGNING THIS ARTICLES OF INCORPORATION AS A SUBSCRIBER ARE AS FOLLOWS:

PETER DOMINGUEZ OF 1741 N.W. 21 STREET MIAMI FLORIDA 33143

ARTICLE X - RESIDENT AGENT

THE NAME OF THE RESIDENT AGENT OF THIS CORPORATION AND THE STREET ADDRESS OF THE PLACE OF BUSINESS LOCATION FOR SERVICE PROCESS WITHIN THIS STATE IS: PETER DOMINGUEZ AT 1741 N.W. 21ST MIAMI FLORIDA.

THE SAID RESIDENT AGENT SHALL SERVE UNTIL HIS SUCESSOR IS DESIGNATED BY THE BOARD OF DIRECTORS OF THE CORPORATION.

THE SAID RESIDENTE AGENT, ACCEPT THIS DESIGNATION AS RESIDENT AGENT AS EVIDENCE OF SIGNATURE BELOW, AND AGREE TO COMPLY WITH THE PROVISIONS OF CHAPTER 48.091,FS,RELATIVE TO ACCEPTING THIS OFFICE.

HAVING BEIN NAMED AS REGISTERED AGENT FOR THE ABOVE CORPORATION AT THE PLACE DESIGNATED.

I HEREBY ACCEPT THE APPOINMENT AS REGISTER AGENT AND AGREE TO ACT IN THIS CAPACITY, BY SIGNING THIS DOCUMENT.

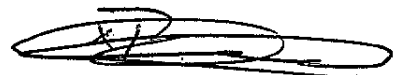
  
PETER DOMINGUEZ

00 OCT 17 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

IN WITNESS WHEREOF, THE UNDERSIGNED (S) SUBSCRIBER (S)  
INCORPORATOR (S); HEREBY MAKE, SUBSCRIBE, ACKNOWLEDGE, AND  
CERTIFY THAT THE FOREGOING ARTICLES OF INCORPORATION ARE TRUE  
AND CORRECT AND HAVE HERE UNTO SET OUR HAND (S) AND SEAL  
THIS \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF DADE, SS

BEFORE ME, THIS DAY PERSONALLY APPEARED:



KNOWN TO ME TO BE THE PERSON (S) DESCRIBED IN, AND WHO  
EXECUTED THE FOREGOING CERTIFICATE OF INCORPORATION AND  
ACKNOWLEDGE BEFORE ME ; THAT HE (THEY) EXECUTED SAME  
FREELY AND VOLUNTARILY FOR THE PURPOSE HEREIN STATED.

WITNESS MY HAND AND OFFICIAL SEAL AT;

MIAMI, DADE COUNTY, FLORIDA, THIS Oct 15 2000

MY COMMISSION EXPIRES:

NOTARY PUBLIC

