POODO OF 47

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

subject: <u>೧</u> ೮	Stin Lomplete (PROPOSED CORPORA)	Auto Repair MENAME-MUSTINCLI		_
Enclosed is an origina	ıl and one(1) copy of the article		OOOO3441 -10/26/00 ****437.50 check for:	l 1 183 01097006 *****87.50
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	FROM: Linden D Austin Name (Printed or typed) 4101 N.W. 11th Avenue Address Miam. Flords 33127		SECRETARY OF STATE	00 OCT 26 PH 2: 51
	305-634-86	State & Zip		÷

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

T. SMITH 'OCT 26 2000



• , - '	ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
	ARTICLE I NAME The name of the corporation shall be:	
	Austin Komplete Auto Repair Inc	
	ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
	MISM; FISHES 3312M	
	ARTICLE III PURPOSE	
	The purpose for which the corporation is organized is:	
	To Fully complete for Repairs and Eustomer Service	
	ARTICLE IV SHARES The number of shares of stock is: 1000 Shares @ Por value	
	ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): Linden D. Austin Vice President 1530 N.W: 1815 street IMIAMI, Florida 33169	
	Harold Austin - Treasurer 2414 Scott Street, Hollywood FL 3302 ARTICLE VI REGISTERED AGENT	0
	The name and Florida street address of the registered agent is:	-
	Linden D. Austin 1530 N.W. 181 St Street	
	Mismi, Florido 33169	
	ARTICLE VII INCORPORATOR	
	The <u>name and address</u> of the Incorporator is:	
	Linden D. Austin 1530 N.W. 181 st street	
	Mismi Florida 33169	
	**************************************	,
	erajicale, r aya jaminal wan aya accept the appointment as registered agent and agree to act in this capacity	
\mathcal{C}	Mct 2D, 2008	
	Signature/Registered Agent Date	
	dct 20, 2000	
	Signature/Incorporator Date	