Charter Number Only

CORPORATION(S) NAME

600003445406--0 -10/31/00--01015--009 *****78.75 ******78.75

Unlimited 0	Uhite Glore Vale.	t Parking Service	es, fre
Profit			Toll F
() NonProfit	() Amendment	() Merger	C. Louisian C. Lou
() Foreign	() Dissolution	() Mark	
() Limited Partnership () Reinstatement	() Annual Report () Reservation	() Other () Change of Registered	800-432-3028
() Certified Copy	() Photo Copies	() Certificate Under Sea	32-
() Call When Ready () Walk in ()	() Call If Problem Will Wait Pick	() After 4:30 Up () Mail Out	3028
Name Availability Document Examiner Updater Verifiar Acknowledgment W.P. verifier	Elst	SUFFICILITY OF FILING	DEPART OF STATE OF ST

CR2E031 (R8-85)

ARTICLES OF INCORPORATION

, of

Unlimited	White	Glove	Valet	PARKING	Services INC.
•		(name of	corporation)		
The undersigned subscr corporation under the la	riber(s) to these Art	cicles of Incorpor Florida.	ation, natural pe	rson(s) competent to	contract, hereby form a
The name of the corpor	ation is:		ORPORATE NA		
UNIMITED	White	0/ove	VART	PARKIN	, Services Inc.
The name of the corpor					ASSEE AM
		ARTICLE I	II - PURPOSE		9: FI
					DA T
The corporation is organ United States and the St	nized for the purpo rate of Florida.	se of engaging in	any activities or	business permitted	under the laws of the
		ARTICLE IV-	CAPITAL STOC	K	
The corporation is author Dollar(s) (\$/, 60	orized to issue	/00	shares (of Of	ve
		Johnnon Glock, v	vinch shan de de	signated Common	Snares.
	ARTICLE V	- INITIAL REGI	STERED OFFIC	E AND AGENT	**
The street address of the		Agent office and	the name of the	Initial Registered A	gent at that office is:
NAME Eric					
ADDRESS 1546	20-5.W	1. 81 0	circle	LANG. S	Suite#39
CITY Mi Ami			FLORIDA	FU.	SU:4e #39 ZIP33193
The principal office, if k	nown, or the maili	ng address of the	corporation is:		
NAME 5 Am	E		·		

FLORIDA

CITY

ADDRESS

ARTICLE VI - INITIAL BOARD OF DIRECTORS

NAME ERIC R	いうこ	
ADDRESS SAME	-	
CITY	STATE	ZIP
NAME		
ADDRÉSS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
ADDRESS		
ADDRESS		
CITY	STATE	ZIP
CITY	STATE	ZIP
CITY NAME ADDRESS		
CITY NAME ADDRESS CITY	STATE	ZIP
CITY NAME ADDRESS CITY NAME		
CITY NAME ADDRESS CITY	STATE	ZIP
CITY NAME ADDRESS CITY NAME ADDRESS		
CITY NAME ADDRESS CITY NAME ADDRESS CITY IN WITNESS WHEREOF, the under	STATE STATE rsigned subscriber(s) have executed these Articles of I	ZIP ZIP
CITY NAME ADDRESS CITY NAME ADDRESS CITY CITY	STATE STATE rsigned subscriber(s) have executed these Articles of I	ZIP ZIP
CITY NAME ADDRESS CITY NAME ADDRESS CITY CITY	STATE STATE rsigned subscriber(s) have executed these Articles of I	ZIP ZIP
CITY NAME ADDRESS CITY NAME ADDRESS CITY CITY	STATE STATE rsigned subscriber(s) have executed these Articles of I	ZIP ZIP ncorp@ration this

CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

Unlinited	White	blove	VAlet	PARKINS	Services	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 15420-5.W.	81 circle	CANE Sulte	#39
MiAmi, Fu.	33193		<u> </u>
has named ERic	· <u> </u>		
`.		o accept service of process with	hin

ACKNOWLEDGEMENT

this state.

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)