TRANSMITTAL LETTER

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

Tallallassee, TE 0=0=					
SUBJECT:	Utimate EC (PROPOSED CORPORAT	lae Miamiename-must inclu	I INC.	-	
			*****78.75	746 132-021 *****78.75	
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 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
	والمنسود المناسب	ADDITIONAL	O A D D D D D D D D D D D D D D D D D D	į	
FROM: Onofre Garrido Name (Printed or typed)					
9230 SW 355treet					
Miami, Florida 33165 City, State & Zip					
	(305)22 Daytime	9-2655 Telephone number	OLJAN 22 SECRETAR) ALLAHASSE		
			RY OF STATE SSEE, FLORIDA	J	
NOTE: Please provide the original and one copy of the articles.					

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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:.	
Ulfimate Edge Miami, Inc	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: Mobile Mechanic Maling address: 9230 SW 35street, ARTICLE III PURPOSE The purpose for which the corporation is organized is: Qutomobile Mechanic	TAIS O
ARTICLE IV SHARES The number of shares of stock is:	FILED I JAN 22 AM 9: 48 EGRETARY OF STATE LAHASSEE, FLORIDA
ARTICLE V INITIAL OFFICERS (DIRECTORS (optional) The name(s) and address(es):	9: 48 STATE LORIDA
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	
Onofre Garrido 9230 SW 35 Street Miami, Fl 33165	- - - -
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: DNOFIE Garrido 9230 SW 35th Street MIDMI FI 33165	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
MIDMI TO TO TO THE STATE OF THE ABOVE THE ABOV	oration at the place designated in this
Chip A	1/3/01 Date
Signature/Registered Agent	1/3/01 Datě –
Signature/Incorporator	