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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

: EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone Fax Number : (305)541-3694 : (305)541-3770

FLORIDA PROFIT CORPORATION OR P.A.

ABRAKADABRA AUTO PARTS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	/04/
Estimated Charge	\$78.75

8. McKnight FEB 0 9 2001



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ARTICLES OF INCORPORATION

OF

ABRAKADABRA AUTO PARTS, INC.,

The undersigned subscribers to these Articles of Incorporation, natural persons competent to contract, hereby form a corporation for profit under the laws of the State of Florida.

ARTICLE I-NAME

The name of the corporation is ABRAKADABRA AUTO PARTS, INC.

ARTICLE ILNATURE OF BUSINESS

The general character, purpose, and nature of business to be transacted by this corporation is to carry on in any capacity and business or trade deemed legal in the State of Florida, to wit: Auto Parts.

ARTICLE III-CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any time is 500 shares of common stock, each share having a par value of \$1,00,

ARTICLE IV-TERM OF EXISTENCE

The corporation shall have perpetual existence.

ARTICLE V-ADDRESS

The initial street address of the principal office of this corporation is to be;

13175 Cairo Lane Ona locka, FL 33054 01 FEB -9 AM IO: 03
SECKERARY OF STATE
TALLAHASSEE, FLORIDA

the board of directors may from time to time designate such other address and place for the principal office of this corporation as it may see fit.

ARTICLE VI-REGISTERED AGENT

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act:

That, ABRAKADABRA AUTO PARTS, INC., desiring to organize under the laws of the State of Florida with its principal office as indicated in the Article of Incorporation at the City of Miami, County of Miami-Dade, has named:

Prepared by:

RUBEN E. DORTA, P.A. 6011 West 16th Avenue Hisland, PL 33812 305-557-3232 PBN: 441666

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Eglys Rodriguez 13175 Cairo Lane Opa locka, FL 33054

as its agent to accept service of process within this state,

ACKNOWLEDGMENT

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provisions of said Act relative to keeping open said office.

ARTICLE VII-DIRECTORS

The corporation shall have I director initially. The number of directors may be increased or diminished from time to time by the By-laws, but shall never be less than one.

ARTICLE VIII-INITIAL DIRECTORS

The names and street addresses of the initial director who shall hold office until his successor(s) is elected and has qualified is as follows:

PRESIDENT/DIRECTOR ROLDAN RUDY MENDEZ 13175 Cairo Lane Opa locka, FL 33054

VICE PRESIDENT/DIRECTOR EGLYS RODRIGUEZ 13175 Caire Lane Opa locks, FL 33054

ARTICLE IX-INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

EGLYS RODRIGUEZ 13175 Cairo Lane Opa locka, FL 33054

ARTICLE X-EFFECTIVE DATE

These Articles of Incorporation shall be effective upon acceptance by the Secretary of State.

2

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ARTICLE XI-AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the board of directors, proposed by them to the stockholders and approved at a stockholders' meeting by a majority of the stockholders entitled to vote thereof, manifesting their intention that a certain amendment to these Articles of Incorporation be made.

IN WITNESS WHEREOF, I have bereunto set our hands and seals, acknowledged and filed this foregoing Articles of Incorporation under the laws of the State of Florida, this Z day of February, 2001.

EGLYS KODRIGUEZ

STATE OF FLORIDA)

:SS

COUNTY OF MIAMI-DADE)

BEFORE ME, the undersigned authority, personally appeared, EGLYS RODRIGUEZ, known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that she executed the same, that I relied upon the following forms of identification of the above-name person:

WITNESS my hand and official seal, this _____ day of February, 2001, in the County and State

aforesaid.

NOTARY PUBLIC, STATE OF FLORIDA AT LARGE

My commission expires:

