Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number

: (850) 922~4001

From:

Account Name

: BARINAS & ASSOCIATES INC.

Account Number : I2000000082

Phone

: (305)871-0889

Fax Number

: (305)870-9623

FLORIDA PROFIT CORPORATION OR P.A. NATIONAL AUTO INC

| Certificate of Status | 1 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Listimated Charge | \$78.75 |

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

> ARTICLE I NAME

The name of the corporation shall be:

NATIONAL AUTO INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

6405 COWPEN ROAD #Q-101 MIAMI LAKES FL 33014

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES AT \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

> HASNAIN MUMTAZ 6405 COWPEN ROAD #Q-101 **MIAMI FL 33014**

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ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

HASNAIN MUMTAZ 6405 COWPEN ROAD#Q-101

ARTICLE VI OFFICERS/DIRECTORS

PRESIDENT: HASNAIN MUMTAZ

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

19TH MARCH day of . . , 2001

(An additional article must be added if an effective date is requested.)

Signature
Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the corporation is:

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|---|--------------|
| 1. The name and address of the registered agent and office is: | DI. |
| HASNAIN MUMTAZ | SESON D |
| (NAME) | 20 525 |
| 6405 COWPEN ROAD #Q-101 | PA PROPERTY. |
| (P.O. BOX OR MAIL DROP BOX NOT ACCEPTABLE) | 3: 46 |

MIAMI LAKES FL 33014

(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(SIGNATURE) (DATE)

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