

CDDECOLONOS

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 OT SER 22 PM 1.34 Incorporation.

ARTICLE I NAME

The name of the corporation shall be: MIJULENE AUTO REPAIR, INC.

ARTICLE II PRINCIPAL OFFICE

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

3296 N.W. 36 Street Miami, Fl. 33142

ARTICLE III SHARES

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

500 shares \$1.00 per value

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

> Mirta R. Medina 3293 N.W. 35 Street Miami, Fl. 33142

ARTICLE V INCORPORATORS(S)

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

Mirta R. Medina 3293 N.W. 35 Street Miami, Fl. 33142

ARTICLE VI DIRECTOR(S)

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

Mirta R. Medina 3293 N.W. 35 Street Miami, Fl. 33142

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this September 19 2001.

Mita midera
SIGNATURE

SIGNATURE

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statues, 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.

- 1. The name of the corporation is: MIJULENE AUTO REPAIR, INC.
- 2. The name and address of the registered agent and office is:

MIRTA R. MEDINA 3293 N.W. 35 STREET MIAMI FL. 33142

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION A THE PLACE DESIGNATED IN HIS 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 STATUES 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 Muto medine

DATE:September 19, 2001

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SECRETARY OF STATE
TALLAHASSEF FLORION