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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 205-0381

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JAN -9 AM 10:51

FLORIDA PROFTT CORPORATION OR P.A.

EXHAUST DEPOT DISTRIBUTORS, INC.

Certificate of Status	0
Certified Copy	1
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Rs 1/10/02

ARTICLES OF INCORPORATION
OF
EXHAUST DEPOT DISTRIBUTORS, INC.

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

ARTICLE I NAME

The name of the corporation shall be:
 EXHAUST DEPOT DISTRIBUTORS, INC.
 The principal place of business of this corporation shall be:
 6036 SW. 35th. St., Davie, Fl., 33314

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is:
 100 all of which shall be common shares (\$1.00) per value each.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

HECTOR DE LEON

PRESIDENT

6036 SW. 35TH. ST.
 DAVIE, FL., 33314

Prepared by:
 CASTILLO & ASSOCIATES, INC.
 542 SW. 12TH. AVE.
 MIAMI, FL., 33130
 (305) 649-3403

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ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the Incorporator(s) to this articles of incorporation is(are):

HECTOR DE LEON

6036 SW. 35TH. ST.
DAVIE, FL., 33314

IN WITNESS WHEREOF, the undersigned Incorporator(s) has(have) executed these Articles of Incorporation this 9th. day of JANUARY, 2002.

Signature(s) of Incorporator(s)

Hector De Leon

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, 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.

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1. The name of the corporation:

EXHAUST DEPOT DISTRIBUTORS, INC.

2. The name and address of the registered agent and office is:

HECTOR DE LEON - 6036 SW. 35TH. ST.
(P.O. BOX NOT ACCEPTABLE)

DAVIE, FL., 33314
(CITY/STATE/ZIP)

SIGNATURE

[Signature]

TITLE

PRESIDENT

DATE

JANUARY 9TH., 2002

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

[Signature]

DATE

JANUARY 9TH., 2002