

PO2000128548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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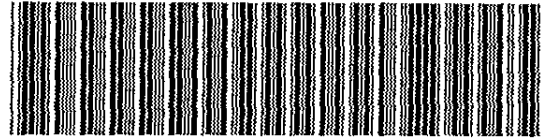
(Business Entity Name)

(Document Number)

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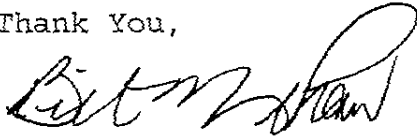
SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

SECRETARY OF STATE
TALLAHASSEE FLORIDA
DECEMBER 2, 2002

Reference: TIFFANY AUTO REPAIR, INC.

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$ 70.00, this check represents the cost of the filing fees for Articles of Incorporation.

Thank You,



BILL M. SHAW

MAILING ADDRESS OF COMPANY

TIFFANY AUTO REPAIR, INC.
P.O. BOX 152779
TAMPA, FL. 33684-2779

PHONE: (813) 935-0044
FAX: (813) 935-0121

ARTICLES OF INCORPORATION

of

TIFFANY AUTO REPAIR, INC.

(name of corporation)

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The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

STATE
TALLAHASSEE FLORIDA

ARTICLE I - CORPORATE NAME

The name of the corporation is:

TIFFANY AUTO REPAIR, INC.

MAILING ADDRESS: P.O. BOX 152779 TAMPA, FL. 33684-2779

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue one thousand shares (1,000) of one Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the Initial Registered Agent of this Corporation is:

NAME BILL M. SHAW		
ADDRESS 550 N. REO STREET, SUITE 300		
CITY TAMPA	FLORIDA	ZIP 33609-1013

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

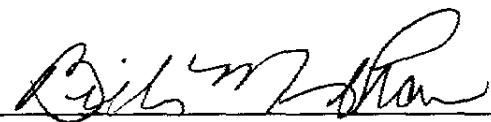
NAME SARSUDAI HEMIALL		
ADDRESS 3902 BRUTON RD.		
CITY PLANT CITY	STATE FLORIDA	ZIP 33565
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP

ARTICLE VII - INCORPORATORS

The names and addresses of the person(s) signing these Articles of Incorporation are as follows:

NAME	BILL M. SHAW/ BUSINESS MANAGEMENT ACCOUNTING SERVICES, INC.		
ADDRESS	550 N. REO STREET, SUITE 300		
CITY	TAMPA	STATE	FLORIDA ZIP 33609-1013
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 2nd day of DECEMBER, 2002.


 _____ (Seal)
 _____ (Seal)
 _____ (Seal)

STATE OF FLORIDA)
 COUNTY OF Hillsborough) SS

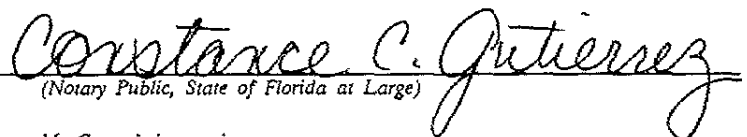
before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared

BILL M. SHAW

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that he executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 2nd day of December, 2002

(Notary Seal)



 (Notary Public, State of Florida at Large)

My Commission expires:



Constance C. Gutierrez
 MY COMMISSION # CC904058 EXPIRES
 February 21, 2004
 BONDED THRU TROY FAIN INSURANCE, INC.

CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

FILED

CERTIFICATE OF REGISTERED AGENT

OF

2002 DEC -4 AM 10:37

CLERK OF STATE
TALLAHASSEE FLORIDA

TIFFANY AUTO REPAIR, INC.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.034, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at **550 N. REO STREET, SUITE 300**

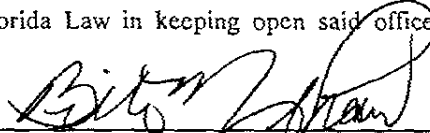
TAMPA, FL. 33609-1013

has named **BILL M. SHAW**

located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

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 Florida Law in keeping open said office.


(registered agent)