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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : BEST MEDICAL REHABILITATION, INC.

Account Number: 119990000019
Phone: (305)345-7448
Fax Number: (305)644-7748



FLORIDA PROFIT CORPORATION OR P.A.

MIA Auto & Truck Accessories Inc.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

12/26/2002





FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

December 27, 2002

BEST MEDICAL REHABILITATION, INC.

SUBJECT: MIA AUTO & TRUCK ACCESSORIES INC.

REF: W02000035930

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HONO. 57920 P. 31/0635

Articles of Incorporation

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

ARTICLE I NAME

The name of the corporation shall be: MIA Auto & Truck Accessories Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 7496 NW 32 Ave
Miami, Florida 33147

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: The number shares which this corporation shall have the authority to issue is 100 shares of common stock NO PAR VALUE. Each share shall have equal rights to each other share with respect to dividends voting and in liquidation.

ARTICLE IV INITIAL REGISTERED AGENT & STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Hector Collazo 7496 NW 32 Ave Miami, Florida 33147

ARTICLE V INCORPORATOR

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

Hector Collago 7496 NW 32 Ave Miami, Florida 33147

ARTICLE VI OFFICERS AND DIRECTORS

Hector Collazo 7496 NW 32 Ave Miami, Florida 33147

: Signature/Incorporator

12/18/02 Date

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

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certicate, I hereby accept the appoint ment 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/Registered Agent

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