

TRANSMITTAL LETTER

Department of State
Division of Corporation
PO Box 6327
Tallahassee, FL 32314

Subject: Lugo Auto Repair, Inc

(Proposed corporate names - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

{ \$70.00
Filing Fee

{ \$78.75
Filing Fee
& Certificate of Status

{ \$78.75 { \$ 87.50
Filing Fee Filing Fee
& Certified Certified Copy &
Copy Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Jose D Lugo
Name

428 Bloxam Avenue

Address

Clermont, FL 34711

City, State & Zip

352-394-1071

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

FILED

03 MAR -6 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Lugo Auto Repair, Inc.

Article II Principal Office

The principal place of business and mailing address of this corporation shall be: 428 Bloxam Avenue
Clermont, FL 34711.

Article III Shares

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
1,000 Shares of Common Stock, No par value.

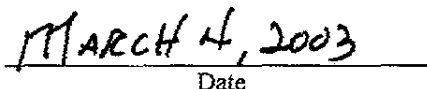
Article IV Initial Registered Agent and Street Address

The name and Florida Street address of the initial registered agent are: Jose D Lugo, 428 Bloxam Avenue
Clermont, FL 34711.

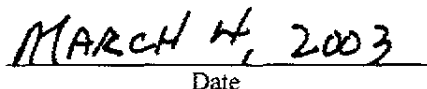
Article V Incorporator

The names and addresses of the incorporators to these Articles of Incorporation are: Jose D Lugo, D/P,
428 Bloxam Ave. Clermont, FL 34711 Frances E Lugo, D/S, 428 Bloxam Ave. Clermont, FL 34711.

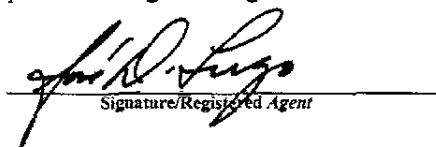

Signature/Incorporator

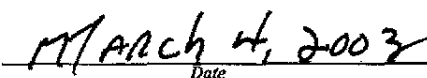

Date


Signature/Incorporator


Date

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 position as registered agent.


Signature/Registered Agent


Date