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### TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: JO:	SE AUTO REAIR, INC.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INC</u> L	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation an	d a check for:
_			
\$70.00	<b>\$78.75</b>	□ \$78.75	<b>2</b> \$87.50 <b>3 3 3 3 3 3 3 3 3 3</b>
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
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		ADDITIONAL	Status  OPY REQUIRED
		ADDITIONAL CO	JI L'KEQUIKED
	JOSE BRIONES		
FROM:		(Printed or typed)	
	THEIR	(Timed of Spea)	
	7740 WEST 2 CT., BAY #	± 6	
		Address	
	HIALEAH, FL. 33014		
		State & Zip	
	305-362-8040 OFFICE		
		elephone number	
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NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

#### ARTICLE I NAME

The name of the corporation shall be:

JOSE AUTO REPAIR, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7740 WEST 2 CT BAY # 6 HIALEAH, FL. 33014

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A CORPORATION TO DO BUSINESS IN AUTO REPAIRS

## ARTICLE IV SHARES

The number of shares of stock is:
A 200 SHARES FOR \$5.00 VALUE EACH

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

JOSE BRIONES 7740 WEST 2 CT. BAY # 6 HIALEAH, FL 33014

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

JOSE BRIONES 7740 WEST 2 CT. BAY # 6 HIALEAH, FL 33014

Having then named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent/Incorporator

Date