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TRANSMITTAL LETTER

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

Subject: _	ANDRE'S AUTO REPAIR, INC.	
	(PROPOSED CORPORATE NAME- MUST INCLUDE SUFFIX)	

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

\$70.00 Filing Fee

x_\$78.75
Filing Fee &
Certificate of
Status

\$78.75
Filing Fee &
Certified Copy

\$87.50
Filing Fee,
Certified Copy &
Certificate

[ADDITIONAL COPY REQUIRED]

FROM:Judson_Andre
Name (Printed or Typed)

10850 SW 171st Street

Miami, Florida 33157

(305) 252-2847 Paytime Telephone Number

NOTE: PLEASE PROVIDE THE ORIGINAL AND ONE COPY OF THE ARTICLES.

ARTICLES OF INCORPORATION

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

ARTICLE I - NAME

The name of the corporation shall be:

ANDRE'S AUTO REPAIR, INC.

TALLAHASSEE FLORIDA 03 JUN 12 PM 1:38

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

18658 SW 105TH AVENUE, UNIT#8 MIAMI, FLORIDA 33157

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: FIVE HUNDRED (500) SHARES @ US\$1.00 PER SHARE

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JUDSON ANDRE 10850 SW 171ST STREET MIAMI, FLORIDA 33157

ARTICLE V - INCORPORATOR(S) See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

JUDSON ANDRE, 10850 SW 171ST STREET, MIAMI, FL 33157

The undersigned incorpo	rator(s) has (have) e	xecuted these A	urticles of Inc	orporation th	nis	
10 day o	of June ast be added if an eff		20 <u>03</u> .			
	Gish	Signature	J.A.	<u></u>	y skil	gan -
		Signature	<u> </u>	Turker Till	g cas g cas case	12 % 2.
		Signature		- 1 	<u>.</u>	e mili i Eriot

Notarization is not required

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/ REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

1.	The name of the corporation is ANDRE'S AUTO REPAIR, INC.
2.	The name and address of the registered agent and office is:
	JUDSON ANDRE (Name)
	10850 SW 171ST STREET (Street Address - P.O. Box or Mail Drop Box NOT Acceptable)
	MIAMI, FLORIDA-33157 (City/State/Zip)
des. cup	ving been named as registered agent and to accept service of process for the stated corporation at the place ignated in this certificate, I hereby accept the appointment as registered agent and agree to act in this acity. I further agree to comply with the provisions of all statutes relating to proper and complete formance of my duties, and I am familiar with and accept the obligations of my position as regis fer ed agent.
<u></u>	(Signature) J.A. 6/10/03 (Signature)

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