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SECRETARY OF STATE
SALI AHASSEE FLORIO

TRANSMITTAL LETTER

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

(I KOI OSED COKI OKATE NAME - MOST MCHOVE SUFFEA)			
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	a check for:	
□ \$70.00 □ \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certified Copy & Certificate of Status	
	ADDITIONAL COPY REQUIRED		
FROM: LUISA M. MUDO7 Name (Printed or typed)			
5/18 galeway }	ddress		
Tamper fla	33 6 15 State & Zip		
813 784-71.	3 7		

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:

CASANOVA BODY SHOP INC.

FILED

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SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7407 N. FLORIDA AVE. TAMPA FL. 33604

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO SELL, PURCHASE OR AQUIRE AUTOS FOR RESALE, OR OTHERWISE RESTORE, REBUILD, REPAIR AND ALL SERVICES PERTAINING TO THE AUTO TRADE, TO PURCHASE, SELL OR DISTRIBUTE AFTER MARKET PRODUCTS PERTAINING TO THE AUTO TRADE. THE FOREGOING PURPOSE'S AND ACTIVITIE'S WILL BE INTERPRETED AS EXAMPLES ONLY AND NOT AS LIMITATIONS AND NOTHING THEREIN SHALL BE DEEMED AS PROHIBITING THE CORPORATION FROM EXTENDING IT'S ACTIVITIE'S TO ANY RELATED OR OTHERWISE PERMISABLE LAWFULL BUSINESS PURPOSES WHICH MAY BECOME NECESSARY, PROFITABLE OR DESIREABLE FOR THE FURTHERANCE OF THE CORPORATE OBJECTIVES EXPRESSED ABOVE.

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V DIRECTORS / OFFICERS

FABIO CASTILLO OGANDO, VICE PRESIDENT 5118GATEWAY DR. TAMPA FL. 33615

ARICLE VI REGISTERED AGENT

The name and florida street address of the Incorporator is:

LUISA M MUNOZ 5118GATEWAY DR. TAMPA FL. 33615

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

LUISA M MUNOZ 5118GATEWAY DR. TAMPA FL. 33615 Having been named as the registered agent to accept service of process for the above stated coporation at the place designated in the certificatel. I'am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Signature/Registered Agent

Date

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SECRETARY OF STATE
SECRETARY OF STATE