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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	·
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FILED

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Secretary or Style

06-03-04

TRANSMITTAL LETTER

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

BJECT:	LOS PAISAS AUTO RE		
(PRO	POSED CORPORATE NAME-	MUST INCLUDE SUFFI	(X)
closed are the ori	ginal and one (1) copy of the	articles of incorporation	on and a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee &Certified Copy	\$87.50 Filing Fee Certified Copy & Certificate of Status
		ADDITIONAL C	OPY REQUIRED
From:	Miguel M Mendoza		
	Name (Printed or typed)		
	1139 Timberbend Circle Address	<u> </u>	•
	Orlando, Florida, 32824 City, State & Zip	,	2011
	407-240-6619		

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

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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:

LOS PAISAS AUTO REPAIR, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

9797 S OBT UNIT # 11 ORLANDO, FL, 32837

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in all aspects of auto repair only through its legally authorized officers, agents and employees.

ARTICLE IV SHARES

The number of shares of stock is:

1,000 SHARES OF COMMON STOCK AT \$1.00 PAR

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

LUIS H. GUERRA (PSD) JAIME GUERRA (VCP)

ARTICLE VI REGISTERED AGENT

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

LUIS H. GUERRA 9797 S OBT UNIT # 11, ORLANDO, FL. 32837

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MIGUEL M MENDOZA

1139 TIMBERBEND CIRCLE, ORLANDO, FL. 32824

Having been 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

Signature/Incorporator

Date

Date