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CORPORATION NAME(S) & DOCU	
1. DER MECHANIC (Corporation Name)	SERVICE AND REPAIRS, INC-
2. (Corporation Name)	(Document #)
(Corporation Name)	(Document #)
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	Amendment
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	Change of Registered Agent
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OTHER FUNGS	REGISTRATION/
Annual Report	QUALIFICATION
Fictitious Name	Foreign
Name Reservation	Limited Partnership
	Reinstatement
	Trademark
	Other Examiner's Initials

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 1 NAME

The name of the corporation shall be:

D & R MECHANIC SERVICE AND REPAIRS, INC.

ARTICLE II PRINCIPAL OFFICE

SECRETARY OF STATE OF ALLAHASSEE, FI DRING.

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

2290 WEST 8th COURT HIALEAH, FLORIDA 33010

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ONE THOUSAND (1,000.00)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is :

JORGE R. CAMPOS 1050 WEST 46th STREET HIALEAH, FLORIDA 33012

ARTICLE V INCORORATOR

The name and street address of the incorporator to these Articles of incorporation is:

DAYAMI CARDENAS 12758 NW 102nd Ave. Hialeah, F1. 33018

The undersigned incorporator has executed these Articles of incorporation this 6th day of August 20 04

Signature

ARTICLE VI DIRECTOR(S)

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

DAYAMI CARDENAS 12758 N.W. 102nd Ave. Hialeah, Fl. 33018 (Pres.)

FRANCISCO RANGEL 12758 N.W. 102nd Ave. Hialeah, F1. 33018 (V. Pres.)

CERTIFICATE OF DESIGNATION OF REGISTER AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Register-Agent and agree to act in this capacity. I futher agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

SECRETARY OF STATE Registered Agent Signature LORIDA