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SECRETARY OF CLATE DIVISION OF LAND - 2 AM 7: 39

W05-1127

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TRANSMITTAL LETTER

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

SUBJECT: BROTE	IER'S AUTO REPAIR, INC			
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	a check for:	
\$70.00	\$78.75	□ \$78.75	X \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of Status	
		ADDITIONAL COPY REQUIRED		
		<u> </u>		
FROM: MA	ARIE LEROY CONSTANT	(Printed or typed)		
	1 dattiv	(1 Infact of types)		
	9625 SW 163 PL			
	<u> </u>	Address		
	MIAMI, FLORIDA 33196			
	City	, State & Zip		• • =
	305-386-2638 Daytime	Telephone number		

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 10, 2005

MARIE LEROY CONSTANT 9625 SW 163RD PL MIAMI, FL 33196

SUBJECT: BROTHER'S AUTO REPAIR, INC.

Ref. Number: W05000001127

05 MAR -2 PM 12: 00

We have received your document for BROTHER'S AUTO REPAIR, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6972.

Doris Brown Document Specialist New Filings Section

Letter Number: 905A00001446

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:

HOMEN STATE BROTHER'S AUTO CLINIC, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 9625 SW 163 PL MIAMI, FL 33196

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: AUTO REPAIR

ARTICLE IV SHARES

The number of shares of stock is: 100%

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

MARIE LEROY CONSTANT 9625 SW 163 PL MIAMI, FL 33196 PRESIDENT & TREASURER NICOLAS CHRISTIAN 714-84 STR APT 3 MIAMI BCH, FL 33141 VICE-PRESIDENT & GENERAL SECRETARY

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

MARIE LEROY CONSTANT 9625 SW 163 PL MIAMI, FL 33196

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARIE LEROY CONSTANT 9625 SW 163 PL MIAMI, FL 33196

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

1/5/05

Date

SECRETARY OF STATE OF