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Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0381

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : IZ00000030146 Phone : (305)444-4994 Fax Number : (305)444-4977

FLORIDA PROFIT CORPORATION OR P.A.

ALL FOUR WHEELS & RECOVERY, INC.

Certificate of Status	0
Certified Copy	1
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Electronic Filing Menu

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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:

ALL FOUR WHEELS & RECOVERY, INC.

<u>PRINCIPAL OFFICE</u>

The principal place of business/mailing address is: 7368 SW 42 ST. **MAILING: 150 SW 51 CT.**

MIAMI, FL 33155

MIAMI, FL 33134

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV

The number of shares of stock is:

SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ALAIN JOEL CASTINEIRA (P/D) JOSE LUIS ROJAS (VP/D) 7368 SW 42 ST. MIAMI, FL 33155

ARTICLE VI REGISTERED AGENT

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

JOSE LUIS ROJAS 7368 SW 42 ST. MIAMI, FL 33155

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ALAIN JOEL CASTINEIRA JOSE LUIS ROJAS 7368 SW 42 ST. MIAMI, FL 33155

Having been named it registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I ary familiar with and accept the appointment as registered agent and agree to act in this capacity

03-16-05 Signature/Registered Agent Date 03-16-05 Signature/Incorporator Date

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