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PICK-UP WAIT MAIL

(Business Entity Name)

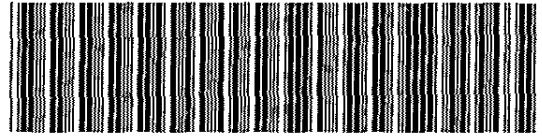
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07/05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 JUN 24 PM 2:49

FILED

T. Burch JUN 24 2005

TRANSMITTAL LETTER

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

SUBJECT: CARLOS CAR CARE, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation 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 COPY REQUIRED

FROM: CARLITOS ROMERO-AMADOR
Name (Printed or typed)

2062 BALFOUR CIR.
Address

TAMPA, FL 33619
City, State & Zip

(813) 239-7352
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 14, 2005

CARLITOS ROMERO-AMADOR
2062 BALFOUR CIR
TAMPA, FL 33619

SUBJECT: CARLOS CAR CARE, INC.
Ref. Number: W05000029326

We have received your document for CARLOS CAR CARE, 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 effective date is not acceptable since it is not within five working days of the date of receipt.

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) 245-6928.

Tim Burch
Document Specialist
New Filings Section

Letter Number: 405A00041247

RECEIVED
05 JUN 24 AM 11:24
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
CARLOS CAR CARE, INC.

FILED
05 JUN 24 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In compliance with Chapter 607 and/or Chapter 621.F.S. (Profit), I the subscriber of these Articles of Incorporation, I am a natural person, competent to contract and hereby form a Corporation for profit under the Chapter 607 of the Florida Statutes.

ARTICLE I – NAME

The name of the Corporation is CARLOS CAR CARE, INC. (herein after S Corporation).

ARTICLE II – PRINCIPAL OFFICE

The principal place of business/mailling address is: 2062 Balfour Cir., Tampa, FL 33619 and the mailing address shall be the same.

~~EFFEKTIVE DATE~~
07-01-05

ARTICLE III – PURPOSE

The Corporation shall engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV – SHARES

The number of shares the Corporation is authorized to have is:

30

ARTICLE V – INITIAL OFFICERS AND/OR DIRECORS

The name and address of the Principal Officer of the Corporation shall be

President: CARLITO ROMERO-AMADOR, whose address shall be the same as stated on Article II.

ARTICLE VI – REGISTERED AGENT

The name and street address of the Registered Agent of this Corporation is CARLOS LEBRON, residing at 9301 Candlemaker Ct, Tampa, FL 33615

ARTICLE VII – INCORPORATOR

The name and address of the Incorporator is: CARLOS LEBRON,
Address: 9301 Candlemaker Ct, Tampa, FL 33615-1665

ARTICLE VIII – EFFECTIVE DATE

The Articles of Incorporations shall be effective on: 07/01/2005.

ARTICLE IX – TERM OF EXISTENCE

This Corporation shall have perpetual existence.

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT /REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501,
FLORIDA STATUTES, THE UNDERSIGNED CORPORATION,
ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA
SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING
THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

1. The name of the corporation is:

CARLOS CAR CARE, INC.

2062 Balfour Cir.
Tampa, FL 33619

2. The name and address of the registered agent and office is:

CARLOS LEBRON

9301 Candlemaker Ct
Tampa, FL 33615-1665

Having been named as registered agent and to accept service of process
for the above stated corporation at the place in this certificate, I hereby
accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes related to the
proper and complete performance of any duties, and I'm familiar with and
accept the obligations of my position as registered agent.


(SIGNATURE)

(DATE)

FILED
05 JUN 24 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA