

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

: (850)205-0381 řax Number

from:

Account Name : ARTURO F. HERNANDEZ & ASSOC. P.A.

Account Number : I19980000084 : (305)825-0988 Phone Fax Number : (305)828-8565

FLORIDA PROFIT/NON PROFIT CORPORATION

FIM AUTO REPAIR CORPORATION

Certificate of Status	- 1
Certified Copy	0
Page Count	02
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorportion.

ARTICLE I NAME

The name of the Corporation shall be:

FIM AUTO REPAIR CORPORATION

ARTICLE II PRINCIPAL OFFICE

4160 West 16th Avenue, Suite No. 307 Hialeah, Florida 33012

ARTICLE III SHARES

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

SIXTY (60) SHARES OF COMMON STOCK NO PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

Arturo F. Hernandez

4160 West 16th Avenue, Suite No. 307, Hialeah, Florida 33012

ARTICLE V INCORPORATOR

Arturo F. Hernandez

4160 West 16th Avenue, Suite No. 307, Hialeah, Florida 33012

ARTICLE VI DIRECTOR(5)

This Corporation shall have ONE Director(s) initially. The number of Directors may be increased or dimished from time to time in such manner as may be prescribed by the By-Laws, but shall never be less than ONE

ARTICLE VII INITIAL DIRECTOR(s) AND OFFICER(s)

Gerardo Jose Mata, Director, President, Secretary & Treasurer 6135 S.W. 129 Place, Unit 1903 Mismi, Florida 33183

Signature/Incorporator

Bebruary 03, 2006 Date:

PREPAID BY:ARTURO F. HERNANDEZ 4160 W 16TH AVE.,STE.#307 HIALEAH,FL. 33012

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

Signature/Registered Agent

February 03, 2006 Date:

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SECRETARY OF STATE
TALL A HASSEE FOR STATE