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To: Division of Corporations
Fax Number : (850) 205-0381

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

FLASH REPAIRS CORPORATION

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ARTICLES OF INCORPORATION

OF

Flash Repairs Corporation

The Undersigned incorporator, for the purpose of forming a Corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

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ARTICLE I NAME

The name of the Corporation shall be:

Flash Repairs Corporation

ARTICLE II PRINCIPAL OFFICE

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

1150 SW 86 Ct
Miami, Fl 33144

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any time and the Distribution is as follow:

300 SHARES

1.00 Each

Carlos Casamor

300 SHARES

ARTICLE IV INCORPORATORS

The name and street address of the incorporators to these Articles of Incorporation is as follow:

Carlos Casamor
1150 SW 86 Ct
Miami Fl 33144

The undersigned have executed these Articles of Incorporation this
20 Days of March 2006

A handwritten signature in black ink, appearing to read 'Carlos Casamor', written over a horizontal line.

Carlos Casamor
President/Incorporator

ARTICLE V BUSINESS ACTIVITY

The Company will participate in all legally Business Activity.

CERTIFICATE OF DESIGNATION

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:

Flash Repairs Corporation

The Name and Address of the registered agent and office is:

Carlos Casamor
1150 SW 86 Ct
Miami Fl 33144

Signature



HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCEDURE FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREED TO ACT IN THIS CAPACITY. TO THE PROPER AND COMPLETE PERFORMANCE OF DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERD AGENT.

STATE
OF
FLORIDA

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