

P07000000767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

[Handwritten signature and date 1/3/04]



500032577925

04/19/04--01026--026 **78.75

FILED

2007 JAN -3 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

04 APR 19 AM 11:04

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

[Handwritten scribble]

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. NC PAINTING & REPAIRS INC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

FILED

2007 JAN -3 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

NC PAINTING & REPAIRS INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

4378 NW 201 TERR., MIAMI GARDENS, FL 33055

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DOING BUSINESS IN FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

300

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s), address(es) and title(s):

NOEL CAMARA , 4378 NW 201 TERR., MIAMI GARDENS, FL 33055 VP/SVT

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

NOEL CAMARA, 4378 NW 201 TERR., MIAMI GARDENS, FL 33055

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

NOEL CAMARA, 4378 NW 201 TERR., MIAMI GARDENS, FL 33055

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

③ *Parman* 1-1-07
Signature/Registered Agent Date

④ *Parman* 1-1-07
Signature/Incorporator Date

FILED
2007 JAN -3 AM 11: 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA