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FLORIDA PROFIT/NON PROFIT CORPORATION

CAFFI BODY SHOP INC.

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ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I

THE NAME OF THE CORPORATION SHALL BE:

CAFFI BODY SHOP INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

3234 N.W. 31 ST. MIAMI FL. 33142

ARTICLE III SHARFS

THE NUMBER OF SHARES OF STOCK THAT THIS INCORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS
THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

JOSE E. CAFFI 3234 N.W. 31 ST. MIAMI FL. 33142



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ARTICLE V INCORPORATOR(R)

THE NAMES AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

3234 N.W. 31 ST MIAMI FL 33142 ARTICLE VI DIRECTOR(S) JOSE E CAFFI 3234 N.W. 31 ST.

MIAMLEL, 33142

JOSE E. CAFFI

THE NAME(S) AND STREET ADDRESS(ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

JOSE E, CAFFI 3234 N.W. 31 ST. MIAMI FL. 33142

THE UNDERSIGNED INCORPORATOR(S) HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION THIS 30 DAY OF DEC., 2008



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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

PERSUANT TO THE PROVISIONS OF SECTIONS 607.0501 OR 617.0501, FLORIDA STATUTUS, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLO-WING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/ REGISTERED AGEN, IN THE STATE OF FLORIDA.

THE NAME OF THE CORPORATION IS:

CAFFI BODY SHOP INC.

THE NAMES AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

NAME: JOSE E. CAFFI

ADDRESS

3234 N.W. 31 ST.

CITY, STATE ZIP MIAMI FLORIDA 33142

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATE CORPORATION AT THE PLACE DESIGNATED 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 PERTAINING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIE. AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT

SIGNATURE

DATE:

12/30/2006