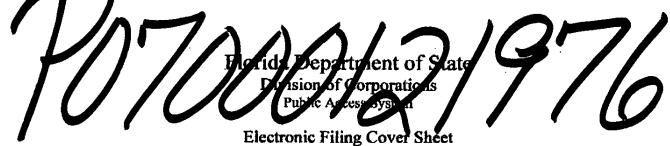
FAX NO. :3052201440

Nov. 08 2007 01:07PM P1 https://enie.sunbiz.org/scripts/eiiicovr.exc



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Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973

Fax Number : (305)220-1440

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FLORIDA PROFIT/NON PROFIT CORPORATION

FIRST CLASS COLLISION WORKS, CORP.

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SECRETARY OF STATE
IALLAHASSEE, FLORIDA

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 - NAME

The name of the corporation shall be: FIRST CLASS COLLISION WORKS, CORP.

ARTICLE II - PRINCIPAL OFFICE

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

8230W 30CT HIA FL 33018

ARTICLE III -SHARES

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

10D

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

luis Alvance Rivera 8230 W 30 CT HIALEAH FL 33018 FAX NO. :3052201440

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Nov. 08 2007 01:08PM P3 07 NOV -8 PM 2: 44

<u>ARTICLE V - INCORPORATOR</u>

The name and street	: address	of the	Incorporator	to these	Articles	of
Incorporation is:	_	_ •				•

Luis Alvarez Rivera 8230W 30CT HIALEAH FL 33018

The undersigned incorporator has executed these Articles of Incorporation this day of

Signature

ARTICLE VI- DIRECTOR(S)

The name(s) and street address (es) of the director(s) to these Articles of incorporation is (are):

Alvanez Rivera (Paesident

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature

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