Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6381

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone : (305)552-5973 Fax Number : (305)220-1440 : (305)220-1440

FLORIDA PROFIT/NON PROFIT CORPORATION

NT AUTO CLASS CORP

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FILED 2007 DEC 31 PM 4: 25 SECRETARY OF STATE TAIL ARRASSER JALORIDA

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 1 - NAME

The name of the corporation shall be:

NT Auto Class corp

ARTICLE IL - PRINCIPAL OFFICE

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

5855 SW 40 St MIAMIFI - 33155

<u>ARTICLE III -SHARES</u>

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

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

EDUARDO VIDAL 5865 SW 40 ST MIAMI FL 33155

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FAX NO. :3052201440

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ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is: EDVARDOVIDA 5855SW40S+ MIAMI-FI-33155

The undersigned incorporator has executed these Articles of Incorporation this day of 2007

Signature

ARTICLE VI - DIRECTOR(S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are): EDUARDO VIDAL (PRESIDENT) 51%

ANTONIO CARBAJO (VICE- PRESIDENT)

ANTONIO CARDAJO (VICE- PRESIDENT) Nelson INIGO (VICE- PRESIDENT)

THE RESIDENCE OF THE PROPERTY OF THE PROPERTY

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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