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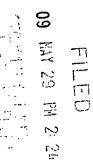
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COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

losed are an origi	inal and one (1) copy of the art	ticles of incorporation and	a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED

FROM: MARCEL RIMPEL Name (Printed or typed)
5101 NW 7th Avenue Address
MIAMI FL 33127 City, State & Zip
786-488-0978 Daytime Telephone number
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION		
In compliance with Chapter 607 and/or Chapter 621, F.S.	S. (Profit)	
ARTICLE I NAME	Epair Inc	
The name of the corneration shall be:	A A STATE OF THE S	
M. RIMPEL Auto RE	Epair Inc Age	
ARTICLE II PRINCIPAL OFFICE	·	
The principal street address and mailing address, if different of the street address and mailing address, if different of the street address and mailing address, if different of the street address and mailing address, if different of the street address and mailing address, if different of the street address and mailing address, if different of the street address and mailing address, if different of the street address and mailing address and mailing address.	an 18.	
·		
MIAMI, FL 33127 ARTICLE III PURPOSE		
The purpose for which the corporation is organized is:		
To do Business		
ARTICLE IV SHARES The number of shares of stock is:		
The number of shares of stock is.		
	RCEL RIMBEL PRE	sic
MIA	HAI, FL 33127	
ARTICLE VI REGISTERED AGENT		
The <u>name and Florida street address</u> (P.O. Box NOT ac Mozart Rimbel		
131 NW 46Th Street	Secretary	
Miani, FL 33127	_	
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:		
Marcel Rimbel		
SIOI NW 7th Ave		
Miami, FC 33127	******	r
Having been named as registered agent to accept serving place designated in this continues. I am familiar with		
place designated in this certificate, I am familiar with agree to act in this capacity	ина иссері іне арронитені из гедімегей идені ш	u
cy h		
Signature/Registered Agent		
Signature/Incorporator	<u>05-22-09</u> Date	
- Dignaturo interperator	Date	