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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

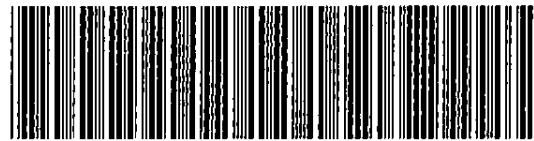
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2009 AUG 12 PM 4:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

T. Burch AUG 12 2009

## COVER LETTER

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

**SUBJECT:** Euromotor Collision Center, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00       \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

\$78.75       \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                    & Certificate of  
                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Betty Silva  
Name (Printed or typed)

3082 NW 62nd Street  
Address

Miami, Florida 33147  
City, State & Zip

(786) 431-1213  
Daytime Telephone number

euromotorcollision@yahoo.com  
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. (Profit)

### **ARTICLE I NAME**

The name of the corporation shall be:

Euromotor Collision Center, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

3082 NW 62nd Street  
Miami, Florida 33147

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### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The corporation may engage in any activity or business permitted under the laws of the State of Florida.

### **ARTICLE IV SHARES**

The number of shares of stock is:

50 shares : par value \$0.10US

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Betty Silva  
3082 NW 62nd Street  
Miami, Florida 33147

### **ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

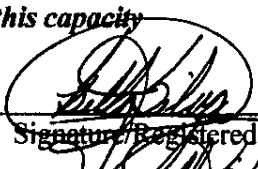
Betty Silva  
3082 NW 62nd Street  
Miami, Florida 33147

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Betty Silva  
3082 NW 62nd Street  
Miami, Florida 33147

\*\*\*\*\*  
*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*

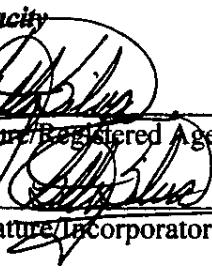
  
\_\_\_\_\_  
Signature/Registered Agent

08/05/2009

Date

08/05/2009

Date

  
\_\_\_\_\_  
Signature/Incorporator