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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**MASTER TRUCK REPAIR, INC.**

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TALLAHASSEE, 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:

**MASTER TRUCK REPAIR, INC.**

### ARTICLE II    PRINCIPAL OFFICE

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

11278 NW SOUTH RIVER DRIVE  
MEDLEY, FL, 33178

### ARTICLE III      SHARES

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

This corporation is authorized to issue 100 shares of \$ 1.00 per value common stock .

### ARTICLE IV    INITIAL REGISTERED AGENT AND STREET ADDRESS.

The name and address of the initial registered agent is:

PEDRO ARIEL RODRIGUEZ  
11278 NW SOUTH RIVER DRIVE  
MEDLEY, FL, 33178

ARTICLE V INCORPORATOR (S)

The name(s) and Street address (s) of the incorporator (s) to these Articles of Incorporation is ( are ):

PEDRO ARIEL RODRIGUEZ  
11278 NW SOUTH RIVER DRIVE  
MEDLEY, FL, 33178.

ARTICLE VI DIRECTOR (S)

The name and Street address (s) of the director (s) to these Articles of Incorporation is (are ):

PEDRO ARIEL RODRIGUEZ  
11278 NW SOUTH RIVER DRIVE  
MEDLEY, FL, 33178.

The undersigned incorporator (so has (have) executed these Articles of Incorporation this 5 days of NOVEMBER of 2009.

  
Signature

\_\_\_\_\_  
Signature  
Articles of Incorporation  
Filing Fee- \$ 35.00

**CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE.**

Pursuant to the provisions of sections 60 or, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the register office/registered agent, in the State of Florida.

1. The name of the corporation is :
2. The name and address of the registered agent and office is:

**MASTER TRUCK REPAIR, INC.**

(NAME)

PEDRO ARIEL RODRIGUEZ  
11278 NW SOUTH RIVER DRIVE  
MEDLEY, FL, 33178

(ADDRESS)

(P. O BOX NOT ACCEPTABLE)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. IF FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

DATE

*Pedro A. Rodriguez*  
11-5-09.

REGISTERED AGENT FILING FEE: \$ 35.00

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TALLAHASSEE, FLORIDA

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