Florida Department of State Division of Corporations **Electronic Filing Cover Sheet**

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FLORIDA PROFIT/NON PROFIT CORPORATION CONCEPT COLLISION CENTER INC

Certificate of Status 0 Certified Copy 1 Page Count 03 Estimated Charge \$78.75

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T. SUM NOV 1 7 2009

FROM : LAZARUS

FAX NO. :3052201440

Nov. 16 2009 01:13PM P2

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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.

FILED 2009 NOV 16 PN 4: 30 SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the corporation shall be:

concept collision center INC

ARTICLE II - PRINCIPAL OFFICE

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

2215 NW 22ct Miani, Fl 33142

ARTICLE III - SHARES

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

100

<u>ARTICLES IV – INITIAL REGISTERED AGENT AND STREET</u> <u>ADDRESS</u>

The name and address of the initial registered agent is:

Avimilet Elmoza Rodriquez 2215 NW 22 et Miani, F1 33142

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FAX NO. :3052201440

FROM : LAZARUS

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ARTICLE Y - INCORPORATOR	<u>~</u>	
The name and address of the incorporator to these Articles of Incorporation is	NON BRIE	
Avimilet Elmoza Rodriguez Sans 2215 NW 22nd ct	=	Ē
2215 NW 22nd ct	5° ⊒2	F
The undersigned incorporator has executed these Articles of Incorporation this	ŧ	
The undersigned incorporator has executed these Articles of Incorporation this in the lower day of November 20 09.	30	
ml.		
Signature		
ARTICLE VI- DIRECTOR (S)		
The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):		
Avimiler Elmoza Rodriguez - (P)		
2215 NW 22ct		
Miani, F1 33142		

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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