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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

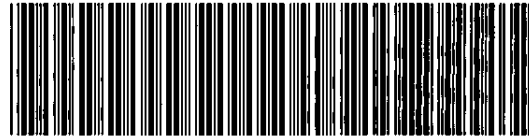
(Business Entity Name)

(Document Number)

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

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11 MAY 27 PM 12: 26

APR 27 2011

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**COVER LETTER**

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

**SUBJECT: ANDRE'S EXPERT AUTOMOTIVE SERVICES, 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 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: JUDSON ANDRE  
Name (Printed or typed)

18658 SW 105TH AVENUE  
Address

MIAMI, FLORIDA 33157  
City, State & Zip

305.252.2847  
Daytime Telephone number

ANDRESAUTOREPAIR@AOL.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

ANDRE'S EXPERT AUTOMOTIVE SERVICES, INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
18658 SW 105TH AVENUE
MIAMI, FLORIDA 33157

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

AUTOMOBILE MAINTENANCE AND REPAIR AND RELATED SERVICES

ARTICLE IV SHARES

The number of shares of stock is: FIVE HUNDRED(500) SHARES @US\$1.00 PER SHARE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUDSON ANDRE (PRESIDENT) Name and Title:
Address: 2031 SE 18TH COURT Address:
HOMESTEAD, FLORIDA 33035

Name and Title: Name and Title:
Address: Address:

Name and Title: Name and Title:
Address: Address:

ARTICLE VI REGISTERED AGENT

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

Name: JUDSON ANDRE
Address: 2031 SE 18TH COURT
HOMESTEAD, FLORIDA 33035

DEPARTMENT OF STATE
MAY 27 PM 12:26

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JUDSON ANDRE
Address: 2031 SE 18TH COURT
HOMESTEAD, FLORIDA 33035

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

[Handwritten Signature]

Required Signature/Registered Agent

5/25/11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Handwritten Signature]

Required Signature/Incorporator

5/25/11
Date