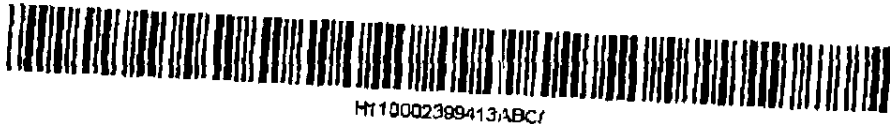


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Account Number : 104512000707  
Phone : (305) 803-2736  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**D.A. MIAMI COLLISION, INC.**

Certificate of Status	0
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TALLAHASSEE, FLORIDA

## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I

#### NAME

The name of the corporation shall be: D.A. MIAMI COLLISION, INC.

### ARTICLE II

#### PRINCIPAL OFFICE

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

13373 N.W. 47 AVE.  
OPA LOCKA, FL. 33054

### ARTICLE III

#### SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated ~~COMMON SHARES.~~

### ARTICLE IV

#### INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CARLOS A. SUAREZ  
13373 N.W. 47 AVE.  
OPA LOCKA, FL. 33054

Prepared By: CARLOS A. SUAREZ  
13373 N.W. 47 AVE.  
OPA LOCKA, FL. 33054  
786 269-9067

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**ARTICLE V  
INCORPORATOR(S)**

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

CARLOS A. SUAREZ  
13373 N.W. 47 AVE.  
OPA LOCKA, FL. 33054

DIRECTOR & PRESIDENT

HECTOR D. PRESA  
13373 N.W. 47 AVE.  
OPA LOCKA, FL. 33054

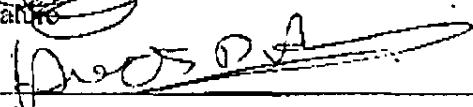
DIRECTOR & PRESIDENT

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The undersigned incorporator(s) has(have) executed these Articles of Incorporation

03 day of OCTOBER, 2011.

Signature 

Signature 

Signature \_\_\_\_\_

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

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

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE  
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF  
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE  
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

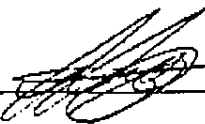
1. The name of the corporation is: D.A. MIAMI COLLISION, INC.

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

CARLOS A. SUAREZ  
13373 N.W. 47 AVE.  
OPA LOCKA, FL. 33054

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CLERK OF THE STATE  
TALLAHASSEE, FLORIDA

*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. I 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)

10-03-11  
\_\_\_\_\_  
(DATE)