

P12000077052

Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
M & BODY COLLISION, INC.**

Certificate of Status	0
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Estimated Charge	\$78.75

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H12000071767

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME M & S BODY COLLISION, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
2100 NORTH DIXIE HWY
WEST PALM BEACH, FL 33407

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100 @ 1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT
Address: NATALIYA LERNER
2418 HOPE LANE E
PALM BEACH GARDENS, FL 33410

Name and Title: _____
Address: _____

Name and Title: VICE PRESIDENT
Address: EUGENEY LERNER
2418 HOPE LANE E
PALM BEACH GARDENS, FL 33410

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: NATALIYA LERNER
Address: 2100 NORTH DIXIE HWY
WEST PALM BEACH, FL 33407

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: NATALIYA LERNER
Address: 2100 NORTH DIXIE HWY
WEST PALM BEACH, FL 33407

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



Required Signature/Registered Agent

03-19-2012

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.



Required Signature/Incorporator

03-19-2012

Date

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