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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: I20000000019

Phone Fax Number : (305)552-5973 : (305)220-1440

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

Email Addrose.			
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#### FLORIDA PROFIT/NON PROFIT CORPORATION **JG PAINT & BODY SHOP CORP**

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Electronic Filing Menu

Corporate Filing Menu

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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.

#### ARTICLE I - NAME

JG PAINT & BODY Shop CORP

#### ARTICLE II - PRINCIPAL OFFICE

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

6777 SW 22 St. Miami FL 33155

#### ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have?

outstanding at any one time is:

100

# ARTICLES IV – INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOSE GRUEIRO de LA TORRE

(0777 SW 22 ST.

MIAMI FL 33155

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ARTICLE V - INCORPORATOR	
The name and address of the incorporator to these Articles of Incorpor	
6777 SW 22 ST	IORKL
Miami FL 33155	· ·
The undersigned incorporator has executed these Articles of Incorporate day of	ion this
Signature	
ARTICLE VI- DIRECTOR (S)	
The name(s) and street address (es) of the director(s) to these Articl Incorporation is (are):	es of
JOSE GRUEIRO DE LA TOI	PRE (P)
	MIZ JUL 20 SECRETARY ALLAHASSEE
	SAY OF THE
CERTIFICATE OF DESIGNATION OF REGISTERED AGE	NI &
/REGISTERED OFFICE	:
Having been named as Registered Agent and to accept service of process for the ab- corporation at place designated in this certificate, I hereby accept the appointment as	ove stated Registered
Agent and agree to act in this capacity. I further agree to comply with the provision	ns of ali
statutes related to the proper and complete performance of my duties, and I am familiaccept the obligations of my position as Registered Agent.	ar with and
	·' ·

Registered Agent Signature

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