

FEB/21/2014 04:54 PM

FAX No.

1.001

2/2/200

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

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Phone : (305) 444-4994

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****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
ONE WAY AUTOBODY, INC.**

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

RECEIVED

14 FEB 21 PM 4:47

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

14 FEB 21 PM 12:50

Handwritten signature and date: 02/24/14

FEB/21/2014/FRI 04:54 PM

FAX No.

P. 002

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

ARTICLE I NAME

The name of the corporation shall be: ONE WAY AUTOBODY, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

3745 NW 79TH ST

MIAMI, FL 33147

Mailing address, if different is:

3745 NW 79TH ST

MIAMI, FL 33147

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: (P) GUILLERMO VALDEZ

Address: 3745 NW 79TH ST
MIAMI, FL 33147

Name and Title: (P) LUIS E MATUTE

Address: 3745 NW 79TH ST
MIAMI, FL 33147

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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FEB/21/2014/FRI 04:55 PM

FAX No.

P. 003

(cont.)

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: GUILLERMO VALDEZ
Address: 3745 NW 79TH ST
MIAMI, FL 33147


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LUIS E MATUTE
Address: 3745 NW 79TH ST
MIAMI, FL 33147

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FALLS CHURCH, VIRGINIA

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

02/21/2014

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

02/21/2014

Date