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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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 : (305)552-5973  
Fax Number : (305)675-5944

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

Email Address: \_\_\_\_\_

RECEIVED  
15 MAR -6 AM 10:15  
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION  
R-8 COLLISION CENTER INC

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

YMD 3/9

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

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**ARTICLE I NAME:** The name of the corporation is:

R-8 Collision Center Inc

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1715 Calais Drive  
Miami Beach, FL 33141

**ARTICLE III SHARES:** The number of shares of stock is: 10

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

P- Ramon Feliciano  
9179 Fountainbleau blvd 9  
Miami FL 33172

VP- Alexander Velarde  
1715 Calais Drive  
Miami Beach FL 33141

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Ramon Feliciano  
1715 Calais Drive  
Miami Beach, FL 33141

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

Ramon Feliciano  
Alexander Velarde  
1715 Calais Drive Miami Beach, FL  
33141

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Mar 05 15:03:01p.


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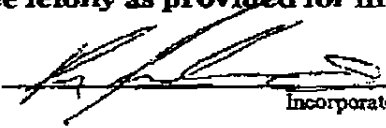
15 MAR 2015 PM 12:52  
STATE OF FLORIDA  
p.01

**Required Signatures:**

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

  
\_\_\_\_\_  
Registered Agent      3/5/15  
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.

  
\_\_\_\_\_  
Incorporator      3/5/15  
Date

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