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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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
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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
MORRITO TIRES SERVICE INC**

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

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME: The name of the corporation is:

MORRITO TIRES SERVICE INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

1303 NW 11 STREET
HOMESTEAD, FL 33030

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

ANDRES D. FRANCISCO (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

ANDRES D. FRANCISCO
1303 NW 11 STREET
HOMESTEAD FL 33030

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

ANDRES D. FRANCISCO
1303 NW 11 STREET
HOMESTEAD FL 33030

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15 MAY - 4 PM 12:52

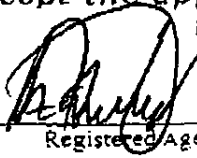
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15 MAY -4 PM '03
PHYSICIAN

Required Signatures:

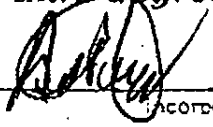
Having been named as registered agent to accept service of process for the above-stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent:

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.



ACOTDOP:107

Date

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