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 : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353 Phone: (800)221-2972

Fax Number : (888) 692-9256

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

5 JAN 25 PM 12: 49

La Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION CASANOVA COLLISION EXPERTS INC

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From:

01/25/2016 11:45

5 #139.P.002/003 SECRETARY OF STATE TALL/ PASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

16 JAN 25 PH 3:51

The name of the corporat	TE CASANOVA COL	LISION EXPERTS INC
	NCIPAL OFFICE Principal street address DE CIRCLE #B	Mailing address, if different is: 926 WOODSIDE CIRCLE #B
KISSIMMEE,	FL 34741	KISSIMMEE, FL 34741
ARTICLE III PURI The purpose for which the which corpora	POSE he corporation is organized is: to engations may be organized.	age in any lawful act or activity for
	- snannen	
	RES stock is: 1,000 TAL OFFICERS AND/OR DIRECTOR RAFAEL CASANOVA JR. PRESIDENT	
Address	926 WOODSIDE CIRCLE #E	Address:
Name and Title:		Name and Title:
Address		
		Address:
		Address:
		Address: Name and Title:
		Name and Title:

From:

01/25/2016 11:45FILE#139 P.003/003 SECRETARY OF STATE TALLATASSIF. FI ORIDA

16 JAN 25, PH 3: 51

Nami	and Tiple:	Name and Title:		
Add	C35	Address:		
		V		
	·	•		
ARTICLE D	T REGISTIERED AGENT Florida street address (P.O. Box NOT acceptable) of t	An anaton advanta		
Name:	RAFAEL CASANOVA JR.	ne (egisteren agen) is:		
Address:	926 WOODSIDE CIRCLE #B	•		
	KISSIMMEE, FL 34741			
ARTICLE V	II INCORPORATOR			
The <u>name an</u>	Address of the Incorporator is:			
Name:	RAFAEL CASANOVA JR.			
Address:	926 WOODSIDE CIRCLE #B			
	KISSIMMEE, FL 34741			
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				
(c) [\(\frac{1}{2}\)!	Required Signature/Registered Agent	Dute Dute		
I submit this document and offirm 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.				
(A) the	a Mean il			
_	Required Signalure Incorporator	Date		