Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I2000000019

Phone : (305)552-5973

Fax Number

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Email	Address:			
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FLORIDA PROFIT/NON PROFIT CORPORATION H.G.C AUTO COLLISION INC

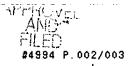
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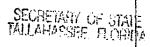




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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)



ARTICLE 1 NAME: The name of the corporation is:
H. G.C AUTO Collision INC
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
3326 NW GOUTH RIVER DRIVE
SUITE A MIAMI FL 33142.
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: Fidel CESAR CESPESES - P
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is:
FIDEL CESAR CESPEDES
3326 NW South River Dr.
Suite A Miami FL 38142
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
TIDEL CESAR LESPEDES
Svite A Miami FL 33142

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AND FILED

#4994 P.003/003

16 FEB 17 H 12.6.9 0 0 0 4 09 76

Date

Date

SECRETARY OF STATE TALLAHASSEE, E.ORIDA

Required Signatures:

- · · · · · · · · · · · · · · · · · · ·	
Having been named as registered agent to accept service of process for the above state	ı
corporation at the place designated in this certificate, I am familiar with and accept the	2
appointment as registered agent and agree to act in this capacity	
A BIT	
Lacit (17 A-A-	

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 m s.817.155/F.S.

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