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**FLORIDA PROFIT/NON PROFIT CORPORATION
SELECT AUTO COLLISION INC.**

Certificate of Status	0
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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April 12, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations
LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: SELECT AUTO COLLISION INC.
REF: W17000031798

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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DANIEL L O'KEEFE
Regulatory Specialist II

FAX Aud. #: H17000099741
Letter Number: 317A00007093

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

SELECT AUTO COLLISION INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1501 NE 130 STREET
NORTH MIAMI, FL 33161

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 SHARES @ \$1.00 PER VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida Street address of the initial registered agents is:

LILIA C NAVARRO
1501 NE 130 STREET
NORTH MIAMI, FL 33161

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

LILIA C NAVARRO
1501 NE 130 STREET
NORTH MIAMI, FL 33161

ARTICLE VI DIRECTOR

The name and address of the director to these Articles of Incorporation are:

LILIA C NAVARRO - PRES
1501 NE 130 STREET
NORTH MIAMI, FL 33161

Signature/Incorporator

Date

Having been named as registered agent and to accept services of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Incorporator

Date

STATE OF FLORIDA
TALLAHASSEE

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