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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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**FLORIDA PROFIT/NON PROFIT CORPORATION
STREET WRAPS AND DETAILING CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Street Wraps and Detailing Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

3340 SW 26 St Miami FL 33133**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Crystian Galvez Pino(P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

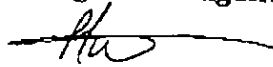
The name and Florida street address (PO Box not acceptable) of the registered agent is:

Crystian Galvez Pino3340 SW 26 StMiami FL 33133**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Crystian Galvez Pino3340 SW 26 StMiami FL 33133

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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.

_____
Incorporator_____
Date

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