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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
Fax Number : (305)675-5944

****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
COMPLETE AUTO COLLISION USA CORP**

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

8-10-18 *hmm*

2018 AUG -9 PM 4:48

FLORIDA
DIVISION OF
CORPORATIONS
FILING SERVICES

2018 AUG -9 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Complete Auto Collision USA Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

10038 NW 80 AVE
Hialeah Gardens 33016
FLORIDA**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Karel Morales (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

KAREL MORALES
10038 NW 80 AVE
HIALEAH GARDENS FL 33016**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:KAREL MORALES
10038 NW 80 AVE
HIALEAH GARDENS FL 33016

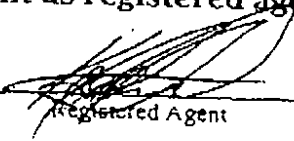
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Required Signatures:

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

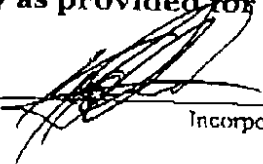


Registered Agent

8-9-2018

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

8-9-2018

Date

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