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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 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: | |
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FLORIDA PROFIT/NON PROFIT CORPORATION CAMILA TIRES INC

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

スロウビッド 2 PH 2

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

| ARTICLE I NAME: The name of the corporation is: |
|---|
| 6amila Tives INC |
| ARTICLE II PRINCIPAL OFFICE: |
| The principal street address and mailing address is: |
| Homestend AL 33033 |
| ARTICLE III SHARES: The number of shares of stock is: 100 |
| SANTIOGO ROPERO FLYNONDOZ (President) |
| 7020 HAR 72 |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agents: |
| Santiago Romero Fernandia 1591 NE 37th PlacE Homestead PL 33033 |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: |
| Santiago Romero Fernandez 1591 NE 37 th Place |
| |

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

Cate

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 0.817.155. F.S.

D de