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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: | |
|-------|----------|--|
| | | |

FLORIDA PROFIT/NON PROFIT CORPORATION ROSCO AUTO COLLSISION, INC

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is

| Rosco Auto Collision IInc |
|--|
| |
| ARTICLE II PRINCIPAL OFFICE: |
| The principal street address and mailing address is: 7885 NW 5384 Manu FL 33166 |
| |
| |
| ARTICLE III SHARES: The number of shares of stock is: |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: |
| Dianelis Suarez - President |
| |
| |
| 2021 SEC |
| |
| ARTICLE V INITIAL REGISTERED ACCENTS AND STATE OF THE STA |
| The name and Florida street address (PO Box not acceptable) of the registered agent is: |
| Dianelis Svarez |
| 7885 NW 53 St Smami FL 33166. |
| |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: |
| Dianelis Svarez |
| 7885 NW 538+ miami FL 33166. |
| |

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

Day

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

7/28/

2021 SEP 29 PH 10: 21