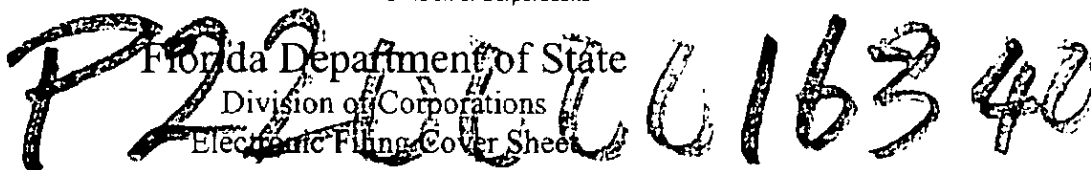


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Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

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Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)328-4774

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA PROFIT/NON PROFIT CORPORATION
UNIQUE FABRICATING DE MEXICO SA DE CV INC**

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

4/C

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Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: UNIQUE FABRICATING DE MEXICO SA DE CV INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

527 ROYAL PLAZA DRFT. LAUDERDALE, FL 33301**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: SABITA DAS (P)

Name and Title: _____

Address 527 ROYAL PLAZA DR

Address: _____

FT. LAUDERDALE, FL 33301Name and Title: LEONARDO GUIA GONZALEZ (VP)

Name and Title: _____

Address 527 ROYAL PLAZA DR

Address: _____

FT. LAUDERDALE, FL 33301

Name and Title: _____ Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

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Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: SABITA DAS
Address: 527 ROYAL PLAZA DR
FT. LAUDERDALE, FL 33301

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: SABITA DAS
Address: 527 ROYAL PLAZA DR
FT. LAUDERDALE, FL 33301

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

/s/ Sabita Das _____
Required Signature/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.

/s/ Sabita Das _____
Required Signature/Incorporator Date