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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 : (3<del>0</del>5)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 REBORN REPAIR SERVICE. INC

Certificate of Status	0
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Estimated Charge	\$78.75

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Corporate Filing Menu

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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE	I NAME	The name of the corporation is:
$\triangleright$	. ^	

E /	
REborn Repain Service inc	
ARTICLE II PRINCIPAL OFFICE:	-
The principal street address and mailing address is:  Targe Luis John 2A lez	
19 pw 28 Terrace Fort Laudords	le
F/ 33311	
ARTICLE III SHARES: The number of shares of stock is:	100
Jorge Luis JONZAlez (P) 19 NW 28 TETTACE FORT LANDER DA 19	
19 NW 28 TETTACE FORT LAUDER dale	
F/ 33311	
ARTICLE V INITIAL REGISTERED AGENT AND STREET	ADDRESS:
The name and Florida street address (PO Box not acceptable) of the regi	
19 UN 28 Terrace Fort Lauderdale	
F/ 33311	
ARTICLE VI INCORPORATOR: The name and address of the	acorporator is:
Jorge Luis Genzalez 19 NW 28 Terrace Fort LAUdera	1.10
F/ 33311	

## 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 familia: 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