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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 : (305)552-5973 Phone 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. **

	Address			
-mail	annress'			

FLORIDA PROFIT/NON PROFIT CORPORATION PRESTIGE RECOVERY & TRANSPORTATION CORP.

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

Electronic Filing Menu

Corporate Filing Menu

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

ARTICLE II	PRINCIPA	L OFFICE	i	
The principal street a		•		
27/1 Sw 137th 1	ive st	E 97 r	niami F	<u>C</u> 33
	<u> </u>			
	-			 -
TICLE III SHARES: The num	ber of share	s of stock is	10	0
ARTICLE IV INITIAL	•		1	<u> </u>
Anternee Emilia Ullo	a Pera	14c	(k)	
		<u> </u>	 .	
				.
			- 	
	<u></u>	<u>, , , , ,</u>		 =
ARTICLE V INITIAL REGIST	TERED AG	ENT AND	STREET A	DDRES
e name and Florida street address (
Anternee Emilio Ul	lon Pe	other		بر بر المارية المارية
2711 (w 13775			7 33	1758
			. <u></u> .	<u> </u>
				1
Antennee Emilia U				corporau

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 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.

Now the Incorporator Clate

SECRETARY OF STATE