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5/01 5 FLORIDA DIVISION OF CORPORATIONS 10:38 AM
PUBLIC ACCESS SYSTEM
(((H95000004840))) ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: FAS-T CORP. AGENTS, INC.
8405 NW 53RD ST
SUITE C-100
MIAMI FL 33166-
CONTACT: LIDIA FERNANDEZ
PHONE: (305) 599-0839
FAX: (305) 592-9591

(((H95000004840)))
DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: [illegible] ODY AUTO REPAIRS, INC.
FAX AUDIT NUMBER: H95000004840
DATE REQUESTED: 05/01/1995
CERTIFIED COPIES: 1
NUMBER OF PAGES: 3
ESTIMATED CHARGE: $122.50
CURRENT STATUS: REQUESTED
TIME REQUESTED: 10:38:06
CERTIFICATE OF STATUS: 0
METHOD OF DELIVERY: FAX
ACCOUNT NUMBER: 071001002335

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5/01/95 FLORIDA DIVISION OF CORPORATIONS 10:38 AM
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95 MAY -1 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FM 3:26

H95000004840

FILED
95 MAY -1 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

ODY AUTO REPAIRS, INC.

THE UNDERSIGNED INCORPORATOR, FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA GENERAL CORPORATE ACT, HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I: NAME

THE NAME OF THE CORPORATION SHALL BE: ODY AUTO REPAIRS, INC.

ARTICLE II: NATURE OF THE BUSINESS

THIS CORPORATION MAY ENGAGE IN OR TRANSACT ANY OR ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA, AND ANY OTHER STATE, COUNTRY, TERRITORY OR NATION. THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

100 EAST 9TH ST
SUITE B
HIALEAH, FLORIDA 33010

ARTICLE III: CAPITAL STOCK

THE AGGREGATE NUMBER OF SHARES OF STOCK AND ITS PAR VALUE THAT THIS CORPORATION IS AUTHORIZED TO ISSUE AND HAVE OUTSTANDING AT ANY ONE TIME IS: 1,000 SHARES OF COMMON STOCK, PAR VALUE $ 1.00 PER SHARE.

ARTICLE IV: TERM OF EXISTENCE

THIS CORPORATION SHALL EXIST PERPETUALLY.

Prepared by: Ramon Ismail
18775 NW 79th Court
Miami, Fl 33015
(305) 444-8800

ARTICLE V: OFFICERS AND DIRECTORS

THE NAMES AND STREET ADDRESSES OF THE INITIAL OFFICERS AND DIRECTORS, WHO SHALL HOLD OFFICE THE FIRST DAY OF THE CORPORATION'S EXISTENCE UNTIL THEIR SUCCESSORS ARE ELECTED ARE:

PRESIDENT & SECRETARY

RAMON ISMAIL
SSN 266-55-6374
18775 NW 79TH COURT
MIAMI, FLORIDA 33015

ARTICLE VI: INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:

RAMON ISMAIL
SSN 266-55-6374
18775 NW 79TH COURT
MIAMI, FLORIDA 33015

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS 27TH DAY OF APRIL OF 1998.

SIGNATURE OF INCORPORATOR

X _____

STATE OF FLORIDA)
) SS:
COUNTY OF DADE)

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED AND SWORN TO BEFORE ME THIS 27TH DAY OF APRIL OF 1998 BY RAMON ISMAIL OF ODY AUTO REPAIRS, INC.

NOTARY PUBLIC _____

MY COMMISSION EXPIRES: _____

GUILLERMO ANDRADE
My Comm Exp. 12/01/98
Bonded By Service Ins
No. CC423062

H95000004840

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OF THE FLORIDA STATUTES, THE UNDERSIGNED CORPORATION SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS: ODY AUTO REPAIRS, INC.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

RAMON ISMAIL
SSN 266-55-6374
18775 NW 79TH COURT
MIAMI, FLORIDA 33015

SIGNATURE: _____
RAMON ISMAIL, PRESIDENT

DATE: APRIL 27, 1995

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

FILED
95 MAY 01 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

_____
RAMON ISMAIL, REGISTERED AGENT

DATE: APRIL 27, 1995

10/31/96 16:21 NO.022 APPROVED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
H96000015394
1996 OCT 31 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000033850

1. Corporation Name

ODY AUTO REPAIRS, INC.

Principal Place of Business
100E. 9th Street
Hialeah, FL. 33010-

Mailing Address
100E. 9th Street
Hialeah, FL. 33010

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Mailing Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida: 05/01/1995

5. FEI Number: ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use P.O. Box Numbers)	4 City / State / Zip
PD	ISMAIL RAMON	18775 N.W. 79th Court	Miami, FL. 33015

REINSTATEMENT '96
SCC 10-31-96

8. Name and Address of Current Registered Agent

ISMAIL, RAMON
18775 N.W. 79th Court
Miami. FL. 33015

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is not Acceptable)
Suite, Apt. #, etc.
City
State: FL
Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: _____ Date: 10/31/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☑ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I request that the Division of Corporations exempt from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the applicant or the applicant's registered agent. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ 10/31/96
SIGNATURE AND TITLE OF PERSON AUTHORIZED TO SIGN ON BEHALF OF CORPORATION OR LLC — Date — Daytime Phone #

Prepared by: Ismail Ramon 18775 NW 79th Court Miami, Fl 33015 (305) 444-RAMN

H96000015394

10/31/96 16:21 # P95000033850 NO.022 (2)

10/31/96 FLORIDA DIVISION OF CORPORATIONS 2:57 PM
PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET

(((H96000015394 5)))

TO: DIVISION OF CORPORATIONS FAX #: (904)922-4000

FROM: FAS-T CORP. AGENTS, INC. ACCT#: 071001002335
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-0839 FAX #: (305)716-0346

NAME: JDY AUTO REPAIRS, INC.
AUDIT NUMBER.....H96000015394
DOC TYPE.....CORPORATION REINSTATEMENT
CERT. OF STATUS..1 PAGES..... 1
CERT. COPIES.....0 DEL.METHOD.. FAX
EST.CHARGE.. $383.75

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