City/State/Zip Phone # Office Use Only LOCAL REPRESENTATIVE TALLAHASSEE CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. GRACE AUTO REPAIR INC.
(Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time Certified Copy Walk in Certified Copy Cartificate of Status

Certificate of Status

1 3: 18 Mail out Will wait ☐ Photocopy NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other UIVISION OF CORPORATION 97 MAY -2 AH 10: 38 ÖTHERFILINGS RECEIVED Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other N97-10157 K.A. MAY - 2 1997 Examiner's Initials CR2E031(1/95)



RECEIVED

FLORIDA DEPARTMENT OF STATE 97 MAY -7 PM 2: 46

Secretary of State

Sandra B. Mortham DIVISION OF COLDERATION

May 2, 1997

LAZARUS CORPORATE INDUSTRIES, INC. 890 SW 87 AVE SUITE 16 MIAMI, FL 33174

SUBJECT: GRACE AUTO REPAIR, INC.

Ref. Number: W97000010157

We have received your document for GRACE AUTO REPAIR, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6932.

Kimberly Rolfe Document Specialist

Letter Number: 297A00023102

ARTICLES OF INCORPORATION

GRACE AUTO REPAIR CENTER, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

GRACE AUTO REPAIR CENTER, INC.

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ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5610 NW 78 TH AVENUE MIAMI FL 33166

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JORGE ELIESER TORRES 4750 SW 146 CT MIAMI FL 33175

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of incorporation is(are):

JORGE ELIESER TORRES

4750 S.W. 146 CT MIAMI FL 33175

ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

DORA PATRICIA GARCIA

VICE PRESIDENT

4750 S.W. 146 ct MIAMI FL 33175

JORGE ELIESER TORRES 4750 S.W. 146 CT MIAMI FL 33175

PRESIDENT

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this ____30 ____ day of _APRIL ______, 19 97 _.

Signature

Signature

Signature

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

The name of the corporation is:_	GRACE AUTO REPAIR CENTER, INC
The name and address of the reg	yistered agent and office is:
JORGE ELIESER TOPRES	
(1	NAME)
4750 S.W. 146 ct	
(P.O. BOX <u>N</u> C	OT ACCEPTABLE)
MIAMI FL 33175	
(CITY/	STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS 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.

SIGNATURE PH 3: 16