

GLOBAL BUSINESS & TAX SERVICES, INC.

212 KRIDER RD
SANFORD, FL 32773

Phone 407-328-7114
Fax 407-322-9774

P97000074113

August 19, 1997

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

900002275839--6
-08/25/97--01055--010
*****78.75 *****78.75

SUBJECT: METROWEST COLLISION CENTER, INC

Dear Sir:

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:

\$78.75 for Filing Fee and Certificate

FROM: METROWEST COLLISION CENTER, INC
ROBERT ROBERTS
2909 W WASHINGTON ST
ORLANDO, FL 32805
(407) 291-2626

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 AUG 25 PM 1:20

Sincerely,

Judith A. Long

JUDITH A LONG

bt
8/26

ARTICLES OF INCORPORATION

THGE UNDERSIGNED INCORPORATORS, FOR THE PURPOSE OF FORMING A
ORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, hereby
adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

METROWEST COLLISION CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

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

2909 W WASHINGTON ST
ORLANDO, FL 32805

ARTICLE III

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

1000 shares

ARTICLE IV INITIAL REGISTRED AGENT AND STREET
ADDRESS

The name and address of the initial registered agent is:

ROBERT ROBERTS
2909 W WASHINGTON ST
ORLANDO, FL 32805

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ARTICLE V INCORPORATORS

The names and street addresses of the incorporators to these Articles of Incorporation are:

ROBERT ROBERTS
2909 W WASHINGTON ST
ORLANDO, FL 32805

The undersigned incorporators have executed these Articles of Incorporation this 19th day of AUGUST ,1997.



ROBERT ROBERTS

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT

REGISTERED OFFICE

1. The name of the corporation is: METROWEST COLLISION CENTER, INC.
2. The name and address of the registered agent and officer is:

ROBERT ROBERTS
2909 W. WASHINGTON ST
ORLANDO, FL 32805

Having been named as registered agent and to accept service of process for the above state 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.

Robert Roberts
SIGNATURE

DATE

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