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FLORIDA DIVISION OF CORPORATIONS  
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TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4001

FROM: FAS-T CORP. AGENTS, INC.  
CONTACT: LIDIA FERNANDEZ  
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NAME: U S A COLLISION, INC.

AUDIT NUMBER.....H97000015655

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..0

PAGES..... 3

CERT. COPIES.....1

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**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

September 22, 1997

FAS-T CORP AGENTS INC

SUBJECT: U S A COLLISION, INC.  
REF: W97000021718

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Becky McKnight  
Document Specialist

FAX Aud. #: H97000015655  
Letter Number: 797A00046845

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## ARTICLES OF INCORPORATION

*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:

**U S A COLLISION, INC.**

### ARTICLE II PRINCIPAL OFFICE

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

**551 N. W. 215 AVENUE, PEMBROKE PINES, FLORIDA 33029**

### ARTICLE III SHARES

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

**( 500 ) FIVE HUNDRED SHARES, \$ 1.00 PER VALUE.**

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**ROSA GARCIA**

**551 N. W. 215 AVENUE, PEMBROKE PINES, FL 33029**

Prepared By: **EMF SERVICENTER**  
**400 N.W. 136 Ave.**  
**Miami, Fl. 33182**  
**(305) 226-8673**

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**ARTICLE V INCORPORATOR(S)**

See instructions for officers/directors

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

**ROSA GARCIA- PRESIDENT**

**551 N W 215 AVENUE , PEMBROKE PINES, FL 33029**


**ANTONIO R. DaSilva = VICE-PRESIDENT.**

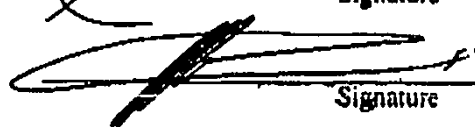
**8615 N. W. 8th STREET APT. 103, MIAMI, FL 33126**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

19th day of SEPTEMBER, 19 97

(An additional article must be added if an effective date is requested.)

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

1. The name of the corporation is: U S A COLLISION , INC.

2. The name and address of the registered agent and office is:

ROSA GARCIA

(NAME)

551 N W 215 AVENUE


(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

PEMBROKE PINES, FL 33029

(CITY/STATE/ZIP)

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*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)

9/19/97  
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314