P97800098818

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

2**00002348732**--3 --11/17/97--01081--013 ******78.75 *****78.75

SUBJECT: CRUZ AUTO REPAIRS, INC.

(Proposed corporate name - must include suffix)

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

\$70.00

\$78.75

Filing Fee

Filing Fee

& Certificate

□\$122.50

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: CARLOS A. CRUZ

Name (Printed or typed)

5610 N.W. 78TH AVENUE

Address

MIAMI, FL. 33166

City, State & Zip

305-839-9366

*3*05-*477-920*7

Daytime Telephone number

SECRE FAR CORPORATION
97 NOV 17 AM 9: 45

NOTE: Please provide the original and one copy of the articles.

1/20/2

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: CRUZ AUTO REPAIRS, INC.

ARTICLE II PRINCIPAL OFFICE

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

5610 N.W. 78th 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:

One Thousand common shares with a par value of one dollar and no cents each.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Carlos A. Cruz 5610 N.W.78th Avenue Miami, Fl. 33166

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Carlos A. Cruz 5610 N.W. 78th Avenue Miami, Fl. 33166

Signature/Incorporator

15-9%.

Date

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.

Signature/Registered Agent

0-77

Date