P98000000440

TRANSMITTAL LETTER

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

JBJECT: <u>CERTIFIED AUTOMOTIVE SERVICES HANDSON, TWO.</u>

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$/25.00

400002387714--1 -12/31/97--01087--018 ****125.00 ****125.00

FROM:

Name (printed or typed)

Note: Please provide the original and one copy of the Articles.

ARTICLES OF INCORPORATION

OF

CERTIFIED AUTOMOTIVE SERVICES HANDSON, 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 | NAME

The name of the corporation shall be: CERTIFIED AUTOMOTIVE
SERVICES HANDSON, INC.

ARTICLE II PRINCIPAL OFFICE

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

6379 N.W. 66TH WAY PARKLAND, FL. 33067

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CEDRIC JARMON 6379 N.W. 66TH WAY PARKLAND, FC. 33067

ARTICLE V INCORPORATOR(S)

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

CEDRIC JARMAN 6379 N.W. LOGTH WAY PARKLAND, FL. 33067

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

.....

Signature

Signature

Articles of Incorporation Filing Fee - \$35

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.

1.	The name of the corporation is: CERTIFIED AUTOMOTIVE		
	SERVICES HANDSON, INC.	· · · · · · · · · · · · · · · · · · ·	
2.	The name and address of the registered agent and office is:		
	CEDRIC JARMON	BI 16	
	(NAME)	E C 3	4 #
	6379 N.W. 667H WAY	SSEE	4.5
	(P.O. BOX <u>NOT</u> ÁCCEPTABLE)	- ES - :	Santa Part
	PARKLAND, FLURIDA 3.3067	TIONS.	
	(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.

DATE 12/29/97