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FLORIDA DIVISION OF CORPORATIONS
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TO: DIVISION OF CORPORATIONS
FROM: FAS-T CORP. AGENTS, INC.
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-0839

FAX #: (850)922-4001
ACCT#: 071001002335
FAX #: (305)716-0346

NAME: POLOCO PAINT & BODY SHOP, INC.
AUDIT NUMBER.....H98000001316
DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.
CERT. OF STATUS..1
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

B. McKnight JAN 21 1998

ARTICLE OF INCORPORATION
OF

POLACO PAINT & BODY SHOP, INC.

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

ARTICLE I NAME

The name of the corporation shall be: POLACO PAINT & BODY SHOP, INC.

The principal place of business of this corporation shall be:
1226 Opa Locka Blvd.
Opa Locka, Fl.33054

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 100 x \$ 10.00 = \$ 1,000.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist pexpetually.

Prepared By: BASIC ACCOUNTING SERVICES
692 W. 29 STREET #9
HIALEAH, FL 33012
(305)887-4185

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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: _____
POLACO PAINT & BODY SHOP, INC.

2. The name and address of the registered agent and office is _____
JOSE A. POLACO
(Name)

1226 OPA LOCKA BLVD.
(P. O. BOX NOT ACCEPTABLE)

OPA LOCKA, FL. 33054
(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR THER 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 MY POSITION AS REGISTERED AGENT.

SIGNATURE Jose Polaco
DATE 01-20-98