

TRANSMITTAL LETTER

P99000009708

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

SUBJECT:

(Proposed corporate name - must include suffix)

700002758187--8
-01/29/99-01002-007

Enclosed is an original and one(1) copy of the articles of incorporation and a check for *****34.50 *****34.50

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate
of Status

ADDITIONAL COPY REQUIRED

99 JAN 28 PM 12:17
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM: Master Craft Auto
Name (Printed or typed)

4100 Nw 135th St Bldg 5-B
Address

Opalock FL 33054

City, State & Zip

305 672 8952 Fax

Daytime Telephone number

mail to
404 Washington
680
Miami, FL 33139

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

FEB 1 1999
JAN 29 1999
Kear

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:

SPECIALIZED AUTO REPAIRS

ARTICLE II PRINCIPAL OFFICE

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

4108 N.W. 135th STREET
BAY 10-13
MIAMI, FLORIDA, 33054

ARTICLE III SHARES

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

200 SHARES OF COMMON STOCK, NO PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SHONA HENRIQUES
9705 HAMMOCKS BLVD
MIAMI, FLORIDA 33196

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TALLAHASSEE FLORIDA

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):

MARCIA MCGREGOR PRESIDENT/ TREASURER/ SECRETARY
4108 N.W. 135th STREET
BAY 10-13
MIAMI, FLORIDA 33054

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

12th day of OCTOBER, 19 98.

(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.

**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: SPECIALIZED AUTO REPAIRS

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

SHONA HENRIOUES
(NAME)

9705 HAMMOCKS BLVD
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

MIAMI, FLORIDA 33196
(CITY/STATE/ZIP)

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TALLAHASSEE FLORIDA

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)

10/12/98
(DATE)