P94000020409

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

400002790794---4 -03/01/99--01117--020 *****78.75 ******78.75

SUBJECT:		CARLOS HUTO	DBODY, INC	-			
	(Pro	posed corporate name	e - must include su	ffix)			
Enclosed i	is an original a	nd one (1) copy of th	ne articles of incor	poration a	nd a chec	ck for	
	□ \$70.00	图 \$78.75	□ \$122.5	□ \$1	□ \$131.25		
				The state of the s	99 MAR - I SECRETARY TALLAHASSE		
	FROM:	GARSOZA SERVICES, INC. Name (printed or typed)			HAZ R	Canada and	
		Name (printe	,	- YR			
		5434 W SAMPA Addre	ERD., STE Z	26 5	25.37 12.18.	J	
		Addre	ess	IIUA	35		
		MARGATE, City, State	FL 33073				
		City, Sta	te & Zip				
	*****	(954) 97					
		Daytime Telen	hone Number				

Gay.

CERTIFICATE OF INCORPORATION OF

CARLOS	AUTOBODY	INC.			
· · · · · · · · · · · · · · · · · · ·		·•			
FIRST. The name of the Corporation is					
813 NW 8 Ave., Font Lam SECOND. Its registered office in the State of	Florida is to !	be located at	t <i>813</i>	NU 8 p	Avance-
(20 The)	, in the Cit	y of <u>Fo</u> .	Pr LAUD.	ERDALE	,County of
BROWARD . The sat 813 NW 8 AVE., FORT LAND	egistered ager <u>ERDALE, F</u>	11 III charge	THÉIGNIS T	CHELOS P	·
THIRD. The nature of the business and object, are to do any and all things herein mentioned do, in any part of the world, viz:					
"The purpose of the corporation of the corporations may be organized					ch the
FOURTH. CAPITALIZATION (Check the	appropiate b	ock and cor	nplete the c	apitalization	method.)
The corporation shall have the authority shares of Common Stock, each share to have expressed in dollars as may be fixed from time to The corporation shall have the authority shares of Common Stock, each share to have a upon such terms as the Board of Directors may for the corporation shall have the authority each share of stock shall be as follows: with Par Value, designated Shares of Preferred Stock with a Par Value of Preferred Stock. Said preferred stock may be individed rates, voting rights, rights of convenience of the corporation shall be determined by restrictions thereof, as shall be determined by resisting is issued.	No Par Value time by the Heavy to issue	Soard of Dir o, 000 f \$ 0.0/ ime authorize o classes of mmon Stock me to time is s upon disperother spec-	ze. stock. The c k; and each in one or mo solution or cial rights or	: The share classification Shares of share, designed classes of liquidation qualification	res may be issued and par value of Common Stock mated as Class B r series, with such and with such ons, limitations or
FIFTH. The names, mailing addresses and s	ignatures of	each of the i	ncorporator	s are as follo	ow:
/ NAME		POSTOR	FICE ADD	RESSES	
CARLOF ZUNIGAJ	813	NW 8,			
(Name)		_	(Addres	_ <i>(</i>	
7 111091	_ Fort	LANDER	City/State	3337/	}
(Signature)			(City/State)		, 166 168
(Name)			(Addres	SSEE,	100
(Signature)			(City/State	Zip C	
Name)			(Addres	$\frac{\mathcal{S}_{r_{i}}^{\prime\prime}}{\mathcal{S}_{i}}$	
(Signature)	 · 		(City/State	/Zip)	

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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: LARLOS AUTOBODY, INC.	
To 8	
The second secon	
Till 7	Process of the last of the las
2. The name and address of the registered agent and office is:	
CARLOS ZUNIEA FOS ROS	J
(Name)	i
813 NOU 8 AVENUE	
(Address - P.O.Box not acceptable)	
FORT LAUDERDALE, FL 33311 (City/State/Zip)	
(City/State/Zip)	
Having been named as registered agent and to accept service of process for to stated corporation at the place designated in this ceritificate, I hereby accept appointment as registered agent and agree to act in this capacity. I further agree to with the provisions of all statutes relating to the proper and complete performant duties, and I am familiar with and accept the obligations of my position as registered (Signature) (Date)	to comply nce of my d agent.
(5.3	
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DIVISION OF CORPORATIONS, P.O.BOX 6327, TALLAHASSEE, FL.32314