· · · · P	29000p	3005	Ϋ
JA & S Ac PO Box 2 Hialeah, F	392	Office Use Only	L I HU ECO
2(Corp 3(Corp	Poration Name) (Docume Poration Name) (Docume Poration Name) (Docume Poration Name) (Docume	ent #)	F
Walk in Mail out	Pick up time Will wait Photocopy AMENDMENTS	Certified Copy	
Profit NonProfit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	500002922 -03/29/990 ******78.75	1658 1117015 ******78.75
OTHER FILINGS Annual Report Fictitious Name Name Reservation	REGISTRATION/ QUALIFICATION Foreign Limited Partnership Reinstatement	SHARON	APR - 1 1999
CR2E031(1/95)	Trademark Other	Examiner's Initials	- -

—. ·

ARTICLES OF INCORPORATION

The undersigned incorporate, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation. GHAR 23 PH 12: 21

ARTICLE I NAME

The name of the corporation shall be:

Specialized Auto Body Shop, Inc.

ARTICLE II PRINCIPAL OFFICE

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

9828 SW 168 St Miami, Florida 33157.

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares of \$5.00 value

ARTICLE IV INITIALS REGISTERED AGENT AND STREET ADDRESS The name and Florida street of the initial registred agent are:

RUBEN BENCOMO 11502 Sw 148 Path Miami, Fl 33196

ARTICLE V INCORPORATOR

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

RUBEN BENCOMO 11502 Sw 148 Path Miami, Florida 33196 FDL B 525 720 683 24

PRESIDENT **50 SHARES**

<u>.</u>

OFELIA BENCOMO 9115 SW 166 PL **MIAMI, FLORIDA 33196** FDL B 525 653 385 410

VICE PRESIDENT **50 SHARES**

Bencomo

Signature/Incorporator

Having been named as registred 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 perfomance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

eu **ca**n O Signature/Registred Agent

Z

OFFICIAL NOTARY SEAL JOSE ANTONIO GARCIA Jose Antonio Garcia Notary Public State of Florida Notary Public State of Florida



FROM:_ JA & S ACCOUNTANS 2201 W 52 ST No. 112	· —
HIALEAH, FL 33016.	
MAILING ADDRESS JA & S Accounta PO BOX 2392 HIALEAH, FL 3	

Page 2