Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 1999 MAY 20 PM 2: 07
SEURETARY OF SAME.

SUBJECT:

"MICHAEL AUTO REPAIR CORPS"

(Proposed corporate name - must include suffix)

300002881413--2 -05/20/99-01080--003 *****87.50 *****87.50

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

\$70.00

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

□\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:

MIGUEL DE REGLA

Name (Printed or typed)

400 W.Carroll Av.

Address

Kissimme, Florida, 34741
City, State & Zip

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

Daytime Telephone number

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

"MICHAEL AUTO REPAIR CORP."

ARTICLE II PRINCIPAL OFFICE

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

400 W.Carroll Ave. Kissimme, Florida, 34741

<u>ARTICLE III SHARES</u>

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

100 shares,

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

RAFAEL MEDINA 144 Alameda Dr. Kissimme, Florida 34743

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

400 W.Carroll Ave. Kissimme, Florida, 34741

MI GULEVEL OF REGISSA
Signature/Incorporator

MAY 17,1999

Date

(An additional article must be added if an effective date is requested.)

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

M CAFAEL MEDINA

MAY 17,1999

Date

Si.

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Signature/Registered Agent