

999000074968

Requestor's Name

B.M.A. automotive group  
8347 Biscayne Blvd  
Miami FL 33138

500002961085--9

-08/16/99-01117-006

\*\*\*\*\*78.75 \*\*\*\*\*78.75

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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99 AUG 16 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

Ronen Elyakm GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT Name  
DATE 8/23/99  
DOC. EXAM. Be

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**CERTIFICATE OF INCORPORATION**

**OF**

**BMA AUTOMOTIVE GROUP, Inc.**

**FILED**  
99 AUG 16 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We the undersigned, hereby make, subscribe and acknowledge this Certificate for the purpose of becoming a Corporation under the laws of the State of Florida.

1. The name of the corporation shall be: **BMA AUTOMOTIVE GROUP, Inc.** and its existence shall be perpetual.
2. This corporation is organized for the purpose of transacting any and all lawful business.
3. The capital stock of the corporation shall consist of **Fifty (50) Shares**, with a nominal per value **Ten dollars each**.
4. The amount of capital with this corporation shall begin business is **Five hundred (\$500) Dollars**.
5. The principal office of the corporation in this state shall be: **8347 Biscayne Blvd. Miami, Florida 33138**  
Business phone: **(305)754-7731**

6. The number of directors shall be at least **One** and the names and post office address of the first board of Directors and officers are:

**LIZA AND RONEN ELYAKIM**                      **8347 Biscayne Blvd. Miami, Florida 33138**

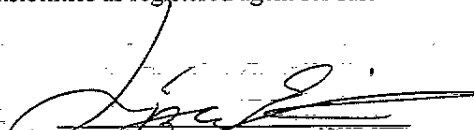
7. The name and post office address of the subscriber to this certificate shares each agrees to take, and the Consideration therefor, the proceeds of which are as follows:

Name	Office	Post Office Address
RONEN ELYAKIM	PRESIDENT	8347 Biscayne blvd . Miami, Florida 33138
Liza Elyakim	SECRETARY	8347 Biscayne Blvd. Miami, Florida 33138

8. The registered agent of this corporaation is Ronen Elyakim, 8347 Biscayne Blvd., Miami, Florida 33138.

I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation.

  
Subscriber & Registered Agent

  
Subscriber