Division of Corporations

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## Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850)922-4001

From:

: FAS-T CORP. AGENTS, INC. Account Name

Account Number : 071001002335

: (305)599-0839

Fax Number

: (305)716-0346

## FLORIDA PROFIT CORPORATION OR P.A.

J.M.B. BODY SHOP, INC.

Certificate of Status	0
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Page Count	03
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N. Culligan, OCT 2 0 1999

#### ARTICLE OF INCORPORATION

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J.M.B. BODY SHOP, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

J.M.B. BODY SHOP, INC.

The principal place of business of this corporation shall be:

2185 OPA LOCKA BLVD. MIAME, FL. 33054

#### ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

The aggregate number of shares of stock and its par value of that this corporation is authorized to have outstanding at that this corporation is authorized to have outstanding any one time is:

100 SHARES x \$ 10.00 = \$ 1,000.00

THERM OF EXISTENCE

TO TERM OF EXISTENCE

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#### ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

JOSE M. BONILLA 6951 W. 7 AVE HIALEAH, FL. 33014 DIRECTOR

#### ARTICLE VI INCORPORATOR (5)

The name(s) and street address(es) of the Incorporator(s) to these Article of Incorporation is (are):

JOSE M. BONILLA 6951 W. 7 AVE HIALEAH, FL. 33014 PRESIDENT, SECRETARY, TREASURER

Signature/Title

( 100 SHARES )

The tion	undersign	ed has(have	) executed f OCTOBER	these	Article of 19 99 .	E Incorpora
				, No.		
			1	M.	ignature/T	itle
•				( •	<b></b>	
				s	ignature/T	itle

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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:	
	J.M.B. BODY SHOP, INC.	
2.	The name and address of the registered agent and office	
	is JOSE M. BONILLA	
	(Name)	
•		
	6951 WEST 7th AVENUE  (P. O. BOX NOT ACCEPTABLE)	-
	(P. O. BOX NOT ACCUPANDED)	
	HIALEAN, FLORIDA 33014	
	(CITY/STATE/ZIP)	
OF AS THE REL AND	ING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR IN AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES ATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES IN AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY	
POS	ITION AS MY POSITION AS REGISTERED AGENT.	
	SIGNATURE SIGNAT	77
	SIGNATURE 2	
•	DATE OCTOBER 19, 1999	
	DAID TO -	
	TATE ORID	1
	<b>P</b>	