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#### Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)922-4001

From:

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

Account Number: 071001002335 Phone

: (305)599-0839 Fax Number : (305)716-0346

## FLORIDA PROFIT CORPORATION OR P.A.

M.D.O. CAR REPAIR CORP.

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Certificate of Status	0
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Estimated Charge	\$78.75

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## ARTICLES OF INCORPORATION OF

## M.D.O. CAR REPAIR CORP.

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida and all rights duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

#### ARTICLE I

The name of the Corporation shall be:

#### M.D.O. CAR REPAIR CORP.

#### ARTICLE II

This Corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

#### ARTICLE III

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

#### ARTICLE IV

The aggregate number of shares which this corporation shall have authority to issue is the total of 500 shares, having an individual par value of \$1.00 each, and shall be only Common class of stock on this corporation.

PREPARED BY: CARLOS GRANIZO
10920 W. FLAGLER ST. # 204
NIAMI, FL 33174

## ARTICLEY

The name and address of the initial registered agent, registered office, and principal office of this corporation shall be:

RAFAEL CONRADO 9695 NW 79 AVENUE, BAY # 14-15 HIALEAH GARDEN, FLORIDA 33016

## ARTICLE VI

The initial Board of Directors shall consist of a total of two person and the name of the one person who is to serve as initial director is:

RAFAEL CONRADO

PRESIDENT/TREASURER

## ARTICLE VII

The name and address of the incorporator executing these Articles of Incorporation is:

RAFAEL CONRADO 7054 WEST 30 CT. HIALEAH, FLORIDA 33016

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With the City of HIALEAH GARDEN County of MIAMI-DADE  (Street address and number of building, Post Office Box address not acceptable)  City HIALEAH GARDEN County of MIAMI-DADE  (Street address and number of building, Post Office Box address not acceptable)  City HIALEAH GARDEN, County of MIAMI-DADE  City HIALEAH GARDEN, County of MIAMI-DADE  State of Florida, as its agent to accept service of process within this state.	IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this27TH day ofOCTOBER_, 1999. In pursuance of Chapter 607.34 Florida Statutes, the following is submitted, in compliance with said Act:	
desiring to organize under the laws of the State of Florida with  its principal office, as indicated in the Articles of Incorporation  the City of _HIALEAH GARDEN _ County of		
the City of HIALEAH GARDEN County of MIAMI-DADE  State of Florida has named RAFAEL CONRADO (Name of Register Agent)  Located at 9695 NW 70 AVENUE, BAY 14-14 (Street address and number of building, Post Office Box address not acceptable)  City HIALEAH GARDEN, County of MIAMI-DADE SEED AND TO AVENUE State of Florida, as its agent to accept service of process Sithin this state.	(Name of Corporation)	
State of Florida has named	desiring to organize under the laws of the State of Florida with	
State of Florida has named	_	
(Name of Register Agent)  located at9695 NW 70 AVENUE, BAY 14-14  (Street address and number of building, Post Office Box address not acceptable)  City _HIALEAH GARDEN_, County ofHIAMI-DADE	the City of HIALEAH GARDEN County of MIAMI-DADE	
City_HIALEAH GARDEN_, County of MIAMI-DADE  State of Florida, as its agent to accept service of process within this state.	State of Florida has namedRAFAEL CONRADO_	
(Street address and number of building, Post Office Box address not acceptable)  CityHIALEAH GARDEN, County ofMIANI-DADE	(Name of Register Agent)	
Post Office Box address not acceptable)  ARROWN City HIALEAH GARDEN County of MIAMI-DADE  State of Florida, as its agent to accept service of process within this state.		
CityHIALEAH GARDEN, County of	(Street address and number of building,	
State of Florida, as its agent to accept service of process within this state.	Post Office Box address not acceptable)	- 1
this state.	City William Graphy Court of the State of th	1.
	The state of the s	
ACKNOWLEDGEMENT: (MUST BE SIGNED BY DESIGNATED AGENT)	State of Florida, as its agent to accept service of process Sithin this state.	4

Having been named to accept service of process for the above stated corporation, at place designated in this certificate. I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

By: 🛌

RAFAEL CONRADO Register Agent