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Division of Corporations

Florida Department of State  
 Division of Corporations  
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 TALLAHASSEE, FL

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
 FERNANDEZ LUXURY DRIVER CORP**

Certificate of Status	0
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ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: FERNANDEZ LUXURY DRIVER CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

\_\_\_\_\_  
\_\_\_\_\_  
857 W 33RD ST HIALEAH, FL 33012  
\_\_\_\_\_

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: \_\_\_\_\_  
ANY AND ALL LAWFUL BUSINESS  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LEONEL FERNANDEZ (P) Name and Title: \_\_\_\_\_  
Address: 857 W 33RD ST Address: \_\_\_\_\_  
HIALEAH, FL 33012  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
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 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: LEONEL FERNANDEZ  
 Address: 857 W 33RD ST  
HIALEAH, FL 33012

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LEONEL FERNANDEZ  
 Address: 857 W 33RD ST  
HIALEAH, FL 33012

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 TALLAHASSEE, FL

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

*/s/ Leonel Fernandez* \_\_\_\_\_  
 Required Signature/Registered Agent Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

*/s/ Leonel Fernandez* \_\_\_\_\_  
 Required Signature/Incorporator Date