Filing Fee: $100.00 **ID Number: _____**

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

RECEIVED
2008 JUL 30 PM 2:30
SECRETARY OF STATE
CORPORATIONS DIV

LIMITED PARTNERSHIP

CERTIFICATE OF LIMITED PARTNERSHIP

The undersigned, desiring to form a limited partnership under and by virtue of the powers conferred by Section 7-13-8 of the General Laws of Rhode Island, 1956, as amended, do execute the following Certificate of Limited Partnership:

1. The name of the limited partnership shall be:
   ACTION AUTO GLASS, LP
   (The name must contain the words "limited partnership" or the letters and punctuation "L.P.")

2. The address of the specified office in this state where the records of the limited partnership shall be kept is:
   1173 CRANSTON ST CRANSTON, RI 02920

3. The name and address of the specified agent for service of process is **MARLA Y SABATER**

   697 ADMIRAL STREET (Street Address, **not** P.O. Box) **PROVIDENCE** (City/Town), RI **02908** (Zip Code)

4. The name and business address of each general partner is:

General Partner	Business Address
MAYRA KHALIL	1173 CRANSTON STREET CRANSTON, RI 02920
RONALD BRIERE	1173 CRANSTON STREET CRANSTON, RI 02920

5. The mailing address for the limited partnership is **1173 CRANSTON STREET** (Street Address)

   CRANSTON (City/Town) **RI** (State) **02920** (Zip Code)

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By 4364644

Form No. 300
Revised: 12/05

6. Any other matters the partners determine to include herein:

(If additional space is required, please list on separate attachment.)

Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Limited Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: **07/25/2008**

By Ronald M Breen

By

By

By

By

Signature(s) of all general partners named herein