

PA 000073838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

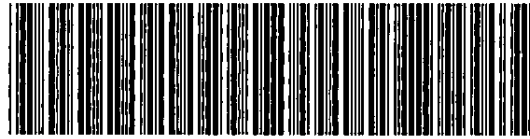
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/05/14--01032--008 **70.00

14 AUG 29 AM 8:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

WA-48773

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Tropical Lift Parts, Inc
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 \$78.75
Filing Fee Filing Fee
 & Certificate of Status

\$78.75 \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Karol Ramos
Name (Printed or typed)

1400 NW 13 Street #33
Address

Boca Raton, Florida 33486
City, State & Zip

561-929-0687
Daytime Telephone number

kramos@tropicallift.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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: Tropical Lift Parts, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 15476 NW 77 Court #271
Miami Lakes, FL 33016
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES 3
The number of shares of stock is: _____

SECRETARY
TROPICAL LIFT PARTS, INC.
14 AUG 29

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Karol Ramos President</u> Address: <u>1400 NW 13th St. #33</u> <u>Boca Raton, FL 33486</u>	Name and Title: <u>Javier E. Ramos/ Vice President</u> Address: <u>1400 NW 13th St. #33</u> <u>Boca Raton, FL 33486</u>
Name and Title: <u>Ruth M. Martinez/ Secretary</u> Address: <u>15476 NW 77 Court #271</u> <u>Miami Lakes, FL 33016</u>	Name and Title: _____ Address: _____
Name and Title: _____ Address: _____	Name and Title: _____ Address: _____

(conti.)

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

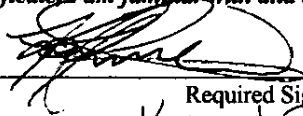
Name: Karol Ramos
 Address: 1400 NW 13th St. #33
Boca Raton, FL 33486

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Karol Ramos
 Address: 1400 NW 13th St. #33
Boca Raton, FL 33486

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



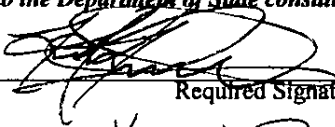
Required Signature/Registered Agent

Karol Ramos

08/26/14

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.



Required Signature/Incorporator

Karol Ramos

08/26/14

Date

14 AUG 29 AM 8:32
 GEORGE MARRAS
 TALLAHASSEE, FLORIDA