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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

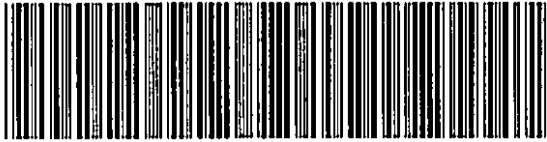
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2021 OCT -5 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FL

SR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOLVENT PARTS USA INC

Name of corporation - must include suffix

Dear Sir or Madam,

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ANAHEO MOLINARI

Name of Person

SOLVENT PARTS USA INC.

Firm/Company

2041 NE 163 ST APT 710.

Address

NORTH MIAMI BEACH FL 33160.

City, State and Zip code

30RGES3 @ GMAIL.COM.

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANAHEO MOLINARI at 305 336242

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

☐ \$70.00 Filing Fee

☒ \$75.75 Filing Fee &
Certificate of Status

\$75.75 Filing Fee &
Certified Copy

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

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. SOLVENT PARTS USA INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE

(State or country under the law of which it is incorporated)

3. 02-5098326 EIN.

(EIN number, if applicable)

4. 04-02-18.

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. 08-01-21.

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2041 NE 163 ST APT # 710.

(Principal office street address)

NORTH MIAMI BEACH FL 33160.

(Current mailing address, if different)

8. Name and street address of Florida registered agent; (P.O. Box NOT acceptable)

Name: MADEO MOLINA

Office Address: 2041 NE 163 ST APT 710.

NORTH MIAMI BEACH.

(City)

Florida 33160.

(Zip code)

FILED
2021 OCT -5 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FL

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

Jeremy Ramirez

10/4/2021



JEREMY ADAM RAMIREZ
Commission # GG 220563
Expires July 28, 2022
Bonded thru Budget Notary Services

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: AMADEO MOLINARI

☐ Vice Chairman Address: 2841 NE 163 ST APT 710

☒ Director AMADEO MOLINARI

☐ President NORTH MIAMI BEACH

☐ Vice President FL, 33160.

☐ Secretary ☐ Treasurer

☐ Other ☐ Other

☐ Chairman Name: YORGE ALEJANDRO MOLINARI

☐ Vice Chairman Address: 2841 NE 163 ST APT 710.

☐ Director NORTH MIAMI BEACH, FL 33160.

☒ President YORGE ALEJANDRO MOLINARI

☐ Vice President

☐ Secretary ☐ Treasurer

☐ Other ☐ Other

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other ☐ Other

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other ☐ Other

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other ☐ Other

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

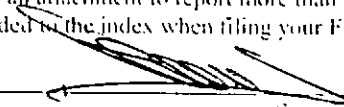
☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12.  _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. AMADEO. MOLINARI
(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOLVENT PARTS USA INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOLVENT PARTS USA INC." WAS INCORPORATED ON THE SECOND DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

66.6233 8300

SR# 20213377040

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204282545

Date: 09-29-21