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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

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Email	Address:		
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## FLORIDA PROFIT/NON PROFIT CORPORATION **CAUCA TIRES INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION In compliance with Chapter 617, F.S., (Not for Profit)

RTICLE II PRINCIPAL OFFICE		
Principal <u>street</u> address: 8047 NW 64TH ST		Mailing address, if different is: 8047 NW 64TH ST
MIAMI FL 33166		MIAMI FL 33166
RTICLE III PURPOSE  ne purpose for which the corporation is organ	ANY AND ALI	L LAWFUL BUSINESS
		· ·
TICLE IV MANNER OF ELECTION	The manner in which the	directors are elected and appointed:
		directors are elected and appointe i:
RTICLE IV MANNER OF ELECTION  STICLE V INITIAL OFFICERS AND/O	R DIRECTORS	MARIA D.V. COVEZ (LE)
TICLE V INITIAL OFFICERS AND/O	R DIRECTORS	MARIA D.V. COVEZ (LE)
me and Title:  VINCENZO NUZZO (PD)	R DIRECTORS  Name and T	Title: MARIA D.VASQUEZ (VP)
TICLE V INITIAL OFFICERS AND/O nme and Title: VINCENZO NUZZO (PD) 8047 NW 64TH ST	R DIRECTORS  Name and T	Fitle: MARIA D.VASQUEZ (VP) 8047 NW 64TH ST
me and Title:  VINCENZO NUZZO (PD)  8047 NW 64TH ST  MIAMI FL 33166	Name and T	Title: MARIA D.VASQUEZ (VP) 8047 NW 64TH ST
me and Title:  VINCENZO NUZZO (PD)  8047 NW 64TH ST  MIAMI FL 33166	Name and T	Fitle: MARIA D.VASQUEZ (VP)  8047 NW 64TH ST  MIAMI FL 33166
me and Title:  VINCENZO NUZZO (PD)  8047 NW 64TH ST  MIAMI FL 33166  me and Title:	Name and T	Fitle: MARIA D.VASQUEZ (VP)  8047 NW 64TH ST  MIAMI FL 33166
me and Title:  VINCENZO NUZZO (PD)  8047 NW 64TH ST  MIAMI FL 33166  me and Title:  dress	Name and Table Address:  Name and Table Address:  Address:	Title: MARIA D.VASQUEZ (VP)  8047 NW 64TH ST  MIAMI FL 33166  Title:
me and Title:  VINCENZO NUZZO (PD)  8047 NW 64TH ST  MIAMI FL 33166  me and Title:	Name and T Address:  Name and T Address:  Name and T	Fitle: MARIA D.VASQUEZ (VP)  8047 NW 64TH ST  MIAMI FL 33166

Name and Title:		Name and Title:
Address		
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" Name and Title:		Name and Title:
Address		Address:
		Address:
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The name and F	REGISTERED AGENT  orida street address (P.O. Box NOT accept	table) of the resistant annals.
Name:	TOTAL TAX INC	omoto/or the registered agent is:
Address:	14750 SW 26 ST SUITE	116
Address:	MIAMI FL 33185	
	1441 1411 15 J5 165	······································
ARTICLE VII	INCORPORATOR	
The name and ad	dress of the Incorporator is:	
Name:	VINCENZO NUZZO (PI	<u>))                                   </u>
Address:	8047 NW 64TH ST	
•	MIAMI FL 33166	
ARTICLE VIII	EFFECTIVE DATE: 01/01/20	
Effective date, if of	other than the date of filing. VI/VI/ZU.	T ' /OPTIONALY '
	ate is tisted, the date must be specific and	i cannot be more than five days prior or 50 days after the filing.)
Note: If the date	inserted in this block does not meet the app	olicable statutory filing requirements, this date will not be listed as the
document's effect	ive date on the Department of State's recor	ds.
Having been nam	ned as registered agent to accept service o	f process for the above stated corporation at the place designated in this
certificate, I am fa	imiliar with and accept the appointment as	registered agent and agree to act in this capacity
	4 Chilled	01/05/2025
	Required Signature of Registered	Date
I submit this docu- to the Department	ment and affirm that the facts stated hereir of State constitutes a third degree felony a	n are true. I am aware that any false information submitted in a document
	BALL	nll-
	Required Signature of Income	orator Oliving