SE ONI (Requestor's Name) 3320 S.W. 87th AVENUE 500003097485 (Address) -01/13/00--01046--010 *****78.75 *****78.75 MIAMI, FLORIDA (305)552-5973 (City, State, Zip) (Phone #) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time _9,60 Walk in Certified Copy Certificate of Status Will wait Mail out Photocopy NEW FILINGS AMENDMENTS Profit Amendment Resignation of R.A., Officer/Director NonProfit Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Merger Other OTHER FILINGS REGISTRATION! QUALIFICATION Annual Report Foreign Fictitious Name imited Partnership Name Reservation Reinstatement rademark Other



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 13, 2000

LAZARUS

MIAMI, FL

SUBJECT: EXTREME AUTO WHOLESALERS INC.

Ref. Number: W00000001117

We have received your document for EXTREME AUTO WHOLESALERS INC.. However, the document has not been filed and is being returned for the following:

The document must have original signatures.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 800A00001919

DEPARTS OF STATE DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

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

SUBJECT:	Extreme Au	to Wholesal	ers. Inc.	٠:
, mare		name - must include su	· 	
Enclosed is an origina for: \$70.00 Fling Fee	\$78.75 Filing Fee & Certificate	py of the articles of \$122.50 Filing Fee & Certified Copy Additional Cop	\$131.25 Filling Fee, Certified Copy & Certificate	nd a check
FROM:	- Gulle Name	(printed or typed)	ich	
·	7490	N.W. 82 St Address	reat	
	Medle Gr	24, Fl. 3310 y, State & Zip	06 :	
	305	467.0006		

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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be:

Extreme Auto Wholesalers, Inc.

ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:

Extreme Auto Wholesalers, Inc. 7490 N.W. 82 Street Medley, F1.33100

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time

500 9 \$ 1.00 (one dollars)

INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

> Guillemo Villoun 7490 N.W. 82 street Hedley, F1. 33166

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Guillenno Villocn, President 6345 S.W. 138 Ct #110 Miam, Fl. 33183

Posendo Zuluaga ,- Vice. President 2018 S.W. 18st. Miami, FI. 33145

The undersigned incorporator(s) has(have) executed these Articles of Incorporation	poration this
10 day of January, 18	- -
(An additional article must be added if an effective date is requested.)	
Signature Signature	resident
Signature	- par 11 . 11 mg.

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	Extreme Auto Wholes	olers, Inc.
2. The name and address of the re	gistored except of the state of	
L	Ristered agent and ottice is:	
QU	(NAME)	OO SE
<u> </u>	190 N.W. 80 Street Box of Mail Drop Box NOT ACCEPTABLE)	O JAN 14 ECRETARY LLAHASSE
	edley F1.33166	The second
	(CH I/STATE/ZIP)	MIZ: 43 FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(SIGNATURE) | 1900 (DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314