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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Socretary of State

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To:

Division of Corporations

Fax Number

: (850)922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 : (305)599-0839 Phone : (305)716-0346 Fax Number

FLORIDA PROFIT CORPORATION OR P.A.

ALONSO AUTO SALES CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
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Electronic Filing Menu

Corporate Filing

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H00000029874 5

ARTICLE OF INCORPORATION

OF

ALONSO AUTO SALES CORP.

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

ARTICLE I NAME

The name of the corporation shall be: ALONSO AUTO SALES CORP.

The principal place of business of this corporation shall be:

2510 Palm Ave. Hisleah, Florida 33010

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

 $100 \times $10.00 = $1,000.00$

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

SECRETARY OF STATE
DIVISION OF COMPORATIONS

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H00000029874 5

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

SAMUEL ALONSO

DIRECTOR

864 W. 69 St. Hislesh, Fl. 33014

IVIS J. ALONSO

DIRECTOR

864 W. 69 St. Higleah, Fl. 33014

MARIA ALONSO

DIRECTOR

864 W. 69 St. Hialcah, Fl. 33014

ARTICLE VI INCORPORATOR (3)

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

Samuel alonso

PRESIDENT

864 W. 69 St. Hialeah, F1. 33014

IVIS J. ALONSO

SECRETARY & TREASURER

864 W. 69 Sr. Hialcah, F1.33014

MARIA ALONSO

VICE - PRESIDENT

864 W. 69 St. Hialeah, Fl. 33014

signature/Title

Signature/Firle

Signature (B)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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.

ı.	The name of the corporation is:_		
	ALONSO AUTO SALES CORP.		
2.	The name and address of the registered agent and office		
	is SAMUEL ALONSO		
	(Name)		
	864 West 69 ST,		
	(P. O. BOX NOT ACCEPTABLE)		
	HIALEAH, FL. 33014		
	(CITY/STATE/ZIP)		

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR THER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS MY POSITION AS REGISTERED AGENT.

DATE 05-08-2000

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