### Florida Department of State Division of Corporations

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(((H03000332867 3)))

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Account Name : M.A.V. CORPORATE SERVICES
Account Number : 120000000007

: (954)989-4530

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## FLORIDA PROFIT CORPORATION OR P.A.

## JAIMEE TIRE ENTERPRISES, INC.

Certificate of Status	0
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FAX NO. :954-966-5273 Dec. 11 2003 03:48PM P1



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 11, 2003

M.A.V. CORPORATE SERVICES

SUBJECT: JAIMEE TIRE ENTERPRISES, INC.

REF: W03000037576

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

An effective date may be added to the Articles of Incorporation if a 2004 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

If you have any further questions concerning your document, please call (850) 245-6965.

Dorine Martin Document Specialist New Filings Section

FAX Aud. #: H03000332867 Letter Number: 503A00066635

# (((H03000332867 3))) ARTICLES OF INCORPORATION

#### OF

JAIMEE TIRE ENTERPRISES, INC.

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:

JAIMEE TIRE ENTERPRISES, INC.

03 DEC | | AH 9: SECRETARY OF STI TALLAHASSEE, FLO

The principal place of business of this corporation shall be:

1984 WEST 60 STREET HIALEAH FL 33012

#### 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 States, 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: FIVE HUNDRED ( 500 )

#### ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

#### ARTICLE V OFFICERS DIRECTORS

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

JOSE L. CARRAZANA

5565 WEST 14 AVE HIALEAH FL 33012

MICHEL CARRAZANA

1445 NW 29 AVE MIAMI FL 33125

FROM : MAU CORPORATE SERVICES

FAX NO. :954-966-5273 Dec. 11 2003 03:48PM P2

(((H03000332867 3)))ARTICLES VI INCORPORATOR(S)

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

JOSE L. CARRAZANA

5565 WEST 14 AVE HIALEAH FL 33012

MICHEL CARRZANA

1445 NW 14 AVE MIAMI FL 33125

	IN WITNESS WHEREOF, the under Articles of Incorporation this 9TH d	rsigned incorporator(s) has have executed these lay of
		Signature(s) of Incorporator(s)
		JOSE L CARRAZANA MICHEL CARRAZANA
	STATE OF FLORIDA COUNTY OF MIAND	I-DADE
		acknowledged and sworn to before me this
	1.77 (C111.117) C384/74/1700 vvvvv	(Name of Incorporator) E ENTERPRISES, INC. (Name of Corporation)
		Notary Public
:((H030	(SEAL)	My Commission Expires Commission Expires Commission Expires Commission Exp. An. 12.224
	ARMANDO M VIVANCOS	

(((H03000332867 3)))

## CERTIFICATE DESIGNATING REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 507.325, 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.

	rida.
1.	The name of the corporation is:
2.	The name and address of the registered agent and office is:  JOSE L. CARRAZANA
	5565 WEST 14 AVE
	(P. O. BOX NOT ACCEPTABLE)
	HIALEAH FL 33012
	(CIŤÝ/STATE/ZIP)
	SIGNATURE X
	(Corporate Officer)
	TITLEPRESIDENT/DIRECTOR
	DATE
AG PP PE	VING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED IRPORATION. AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY IREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE OVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE REPORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF CTION 607.325 FLORIDA STATUTES.
	SIGNATURE X (Registered Agent)  12/09/2003  (((H03000332867 3)))
	(((H03000332867 3))) SECRE