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TRANSMITTAL LETTER

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

SUBJECT:Z	apAcar. Inc.			
	(PROPOSED CORPOR.	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Variation de la constant	:1 .			
enciosed are an ong	inal and one (1) copy of the art	icles of incorporation and	a check for:	
☑ \$70.00	\$78.75	\$78.75	□ \$87.50	
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate o	
		Status ADDITIONAL COPY REQUIRED		
FROM:	William Negron			
	Nam	e (Printed or typed)		
	8331 N	W 182 ST.		
-	Address			
	Miomi	FL. 33015		
		, State & Zip	- 	
	786	186-4340		
		Telephone number		

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

zapAcar inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 8331 NW 182 St. Miami, FL. 33015

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROFESSIONAL CORPORATION

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

William Negron, President 8331 NW 182 ST. Miami, FL. 33015

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

WILLIAM NEGRON 8331 NW 182 ST. Miami, FL. 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

WILLIAM NEGRON 8331 NW 182 ST. MIAMI, FL. 33015

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

Date

Date

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