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Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) Corporation Name (Corporation Name) (Corporation Name) (Document #) (Corporation Name) Walk in Pick up time Certified Copy ☐ Photocopy Will wait Mail out Certificate of Status **NEW FILINGS AMENDMENTS** Profit Amendment Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent Limited Liability Domestication ☐ Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/OUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other

Examiner's Initials

CR2E031(7/97)

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 - NAME

THE NAME OF THE CORPORATION SHALL BE:

MF-AMERICAN PARTS

ARTICLE II - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS **CORPORATION SHALL BE:**

440 W. PARK Dr. # 103 MIAMI FZ 33172

ARTICLE III - SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

> MIRIAN FARIA 440 W. PARK DR. #103 MIAMI FL 33172

ARTICLE V - INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:

MIRIAN FARIA

HYO W PATK Dr. #103

MIAMI FL 33177

THE UNDERSIGNED INCORPORATION THIS

OF INCORPORATION THIS

10 DAY OF JULY , 2007

SIGNATURE

ARTICLE VI - DIRECTOR(S)

THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

PRESIDENT

MIRÎAN FARIA 440 W PARK De. #103 MIAMI FL 33172

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT 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 RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTÉRED AGENT SIGNATURE