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Florida Department of State  
Division of Corporations  
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TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

ALEJANDRITO TIRE, INC.

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$78.75

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**COVER LETTER**

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

**SUBJECT: ALEJANDRITO TIRE, INC.**  
**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM: LILIEN SUAREZ**  
Name (Printed or typed)

**1275 WEST 35 ST APT. 50-B**  
Address

**HIALEAH FL 33012-8601**  
City, State & Zip

**305-335-9795**  
Daytime 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:

**ALEJANDRITO TIRE, INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

995 HIALEA DR.  
HIALEAH FL 33010

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

This incorporation may Engage in any activity or business permitted under the laws of United States Of America and the laws of the State Of Florida

**ARTICLE IV SHARES**

The number of shares of stock is:

500 shares of common stock \$ 1.00 par value

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

P/DIRECTOR - LILIEN SUAREZ  
1275 WEST 35 ST APT. 50-B  
HIALEAH FL 33012-8601

V/P - ABEL ECHENIQUE  
1275 WEST 35 ST APT. 50-B  
HIALEAH FL 33012-8601

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TALLAHASSEE, FLORIDA

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**ARTICLE VI REGISTERED AGENT**

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



LILIEN SUAREZ  
1275 WEST 35 ST APT. 50-B  
HIALEAH FL 33012-8601

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

LILIEN SUAREZ  
1275 WEST 35 ST APT. 50-B  
HIALEAH FL 33012-8601

\*\*\*\*\*  
*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

\_\_\_\_\_  
11-09-2007  
Date  
\_\_\_\_\_  
11-09-2007  
Date

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