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COVER LETTER

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



SUBJECT:	C	HIRI	NOS	ASSE	MBLY	INC
-	_	(PROPO	SED COR	PORATE NAM	E – <u>MUST INCI</u>	LUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the art	ficles of incorporation and	a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
			DV DEALIDED

FROM:	A DOLFO CHIRINOS. Name (Printed or typed)					
	Name (Printed or typed)					
	2845 NW 101 ST					
Address						
	MIAMÍ FL. 33147					
	(78L) 564-9217					
	Davtime 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:

CHIRINOS ASSEMBLY, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

NW 101 ST MIAMI, FL. 33147

The purpose for which the corporation is organized is:

AS REQ. BY SUPPLIER, MFG.

ARTICLE IV SHARES

The number of shares of stock is: /oo

INITIAL OFFICERS AND/OR DIRECTORS

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

CHIRINOS, ADOLFO (PRESIDENT) DORIS, NAJAR (VICE-PRES.) MAYRA SUYAPA (Treausures)

ARTICLE VI	REGISTER	RED AGENT		
The <u>name and Flo</u>	rida street add:	ress (P.O. Box NO	T acceptable) of the re	egistered agent is:
EDWI	ARDO.	NUNEZ		
2814	NW 15	St.		
MI AM	INCORPOR	ATOR		
The <u>name and add</u>		•		
ADOLI	FO CHII	e, NOS.		,
2845	NW 101	ST.		•
MIAM	FL. 3	3147	******	·************
				corporation at the place designated in this
certificate, I fim familia	ar With and accept	the appointment as re	gistered agent and agree to	act in this capacity
Qh	7.			02/18/08
Signatur	e/Registered Ag	gent	 	Date
nul-1	Musely			04/8/08
Signatur	e/Incorporator	-		Date

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SECRETARY OF STATE