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SECRETARY OF STATE

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COVER LETTER

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

SUBJECT: Vicente Tires Plus, Inc		
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	cles of incorporation ar	nd a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of
	ADDITIONAL C	OPY REQUIRED
FROM: Vicente Suarez	(Printed or typed)	
4106 NW 167 STREET		
<i>A</i>	Address	
Miami Florida 33054 City,	State & Zip	
786-768-0906 Daytime To	elephone number	·
E-mail address: (to be used	for future annual report	notification)

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 The name of the co	NAME Vicente Tires Plus, orporation shall be:	Inc.		
	PRINCIPAL OFFICE Principal street address 4106 NW 167 STREET Miami Florida 33054	Mailing a	Mailing address, if different is:	
ARTICLE III	PURPOSE			
The purpose for v	which the corporation is organized is:			
New and use	ed tire sales.			
ARTICLE IV The number of sha	SHARES res of stock is: 100 INITIAL OFFICERS AND/OR DIRECT	TORS		
Name and T	itle: Vicente Suarez. President	Name and Title:		
Address:	4106 NW 167 STREET		<u></u>	
	Miami Florida 33054			
				
Name and T	itle:	Name and Title:	<u>88</u>	
Address:				
Name and T	· isla:	Name and Title.	≅ ≒ _	
Address:	itle:			
radios.				
				
	REGISTERED AGENT	15 64		
Name:	rida street address (P.O. Box NOT acceptab Vicente Suarez	le) of the registered agent is:		
Address:	4106 NW 167 STREET			
Addiess.	Miami Florida 33054			
	Imaiiii lottaa Jaba-			
ARTICLE VII	INCORPORATOR			
	<u>Iress</u> of the Incorporator is:			
Name: Address:	Vicente Suarez			
Address:	Miami Florida 33054			
Having been nam this certificate, I a	ed as registered agent to accept service of pr m familiar with and accept the appointment a	s registered agent and agree to a	pration at the place designated in ct in this capacity $ \frac{2}{2} \frac{1}{2} \frac{0}{1} $	
	Required Signature/Registered Agent		/ Date /	
I submit this docu document to the D	ment and affirm that the facts stated herein epartment of State constitutes a third degree j	are true. I am aware that the felony as provided for in s.817.15	false information submitted in a 55, F.S. $ \begin{array}{c c} \boxed{0} \ 2 \ 2 \ 0 \ \) \end{array} $	
	Required Signature/Incorporator		Date /	