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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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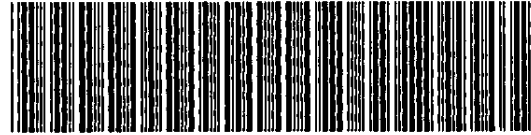
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: Imperio Tires Corp.

(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

☒ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Wilson Salon

Name (Printed or typed)

9357 Fountainebleau Blvd Suite D #205

Address

Miami Fl 33172

City, State & Zip

305-457-9440

Daytime Telephone number

Imperiotires@hotmail.com

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 NAME

Imperio Tires Corp.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
9357 Fountainebleau Blvd
Suite D#207
Miami FL 33172

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The general nature of the business and objects and proposed to be transacted and carried on by this corporation are to do any and all of things herein mentioned, as fully and to the same extent as natural person might do, viz:

1. Transact any and all lawful business
2. Said Corporation shall further have powers: to have perpetual succession by its corporate name : Imperio Tires Corp

ARTICLE IV SHARES

The number of shares of stock is: The aggregate number of shares which the corporation shall have authority to issue is the total sum of 100 shares, having an individual par value of \$10.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Wilson Salon - President
Address: 9357 Fountainebleau Blvd
Miami FL 33172

Name and Title: _____
Address: _____

Name and Title: Diana Morillo - Vice president
Address: 9357 Fountainebleau Blvd
Miami FL 33172

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Wilson Salon
Address: 9357 Fountainebleau Blvd
Miami FL 33172

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Wilson Salon
Address: 9357 Fountainebleau Blvd
Miami FL 33172

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

Wilson Salon
Required Signature/Registered Agent

07-01-2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Wilson Salon
Required Signature/Incorporator

07-01-2011
Date