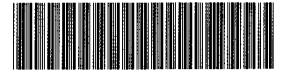
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(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATION

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RS 1/17/12

COVER LETTER

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

SUBJECT: Wholesale Auto Parts	Corporation
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the arti	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
	ADDITIONAL COFF REQUIRED
Spour Prion McCov	
FROM: Brian McCoy	(Printed or typed)
693 Eagle Circle	A.J.,
4	Address
Delray Beach, Fl 33444	
City,	State & Zip
561-445-6574	
Daytime T	elephone number
wholesaleautoparts1@g E-mail address: (to be use	mail.com

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)

	WAME Wholesale Auto Parts	S Corporation	
The name of the corp	oration shall be:	•	
ARTICLE II F	PRINCIPAL OFFICE		
4.5	Principal street address	Mailing	address, if different is:
	60 SW 12th Ave.	 	
	rt Lauderdale, Fl 33069	v	
1 <u>.0</u> 5	I Lauderdale, 11 33009		
ARTICLE III P			
	ich the corporation is organized is:		
Retail automot	oile parts and supplies		
ARTICLE IV S	SHARES		
The number of shares			
4000010 II I			
	NITIAL OFFICERS AND/OR DIRECT e:Brian E. McCoy - President		
Address:	693 Eagle Circle		
riddiess.	Delray Beach, Fl 33444		······································
Name and Tist		31	
Name and 1110 Address:	e:		
	V 30 11 11 11 11 11 11 11 11 11 11 11 11 11		N VSE

			_ 95
	e:		<u> </u>
			
	EGISTERED AGENT		38 (S
Name:	da street address (P.O. Box NOT acceptable Brian E McCov		•
Address:	693 Eagle Circle		
radios.	Delray Beach, Fl 33444		
	•		
	NCORPORATOR		
	ess of the Incorporator is:		
Name: Address:	Brian E McCoy		
Addiess.	693 Eagle Circle Delray Beach, Fl 33444	·········	
	•		
Haying been hamed	as registered agent to accept service of pro	cess for the above stated cor	poration at the place designated in
mis certificate, I am	familiar with and accept the appointment as	registered agent and agree to	act in this capacity
(Decent	9 Malin		01/10/2012
	Required Signature/Registered Agent	·····	Date
	Redpired Signature Registered Agent		Date
	ent and affirm that the facts stated herein		
document to the Dep	artment of State constitutes a third degree fe	lony as provided for in s.817.	155, F.S.
- K	7 - 1/8/20		
1 (May)	CM ON		01/10/2012
	(Required Signature/Incorporator		Date