P12,000053659

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

Office Use Only

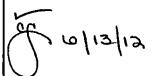


900235968949

06/11/12--01027--020 **78.75

12 JUN 11 PM 4: 09

HILED SECRETARY OF STATE



COVER LETTER

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

SUBJECT: Junkyard Parts 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 & Certificate of Status \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Filing Fee & Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED	of	
FROM: Robert Newman Name (Printed or typed)		
11303 Bloomington Dr Address	12	SIAIC
Tampa, Florida 33635 City, State & Zip	12 JUN 11	
813-818-4515 Daytime Telephone number	PH 4: 09	LEU COF STAT ORPORAT
rnewdsl@verizon.net F-mail address: (to be used for future annual report notification)	ď	S Dri

NOTE: Please provide the original and one copy of the articles.



June 12, 2012

ROBERT NEWMAN 11303 BLOOMINGTON DR TAMPA, FL 33635

SUBJECT: JUNKYARD PARTS INC.

Ref. Number: W12000031796

We have received your document for JUNKYARD PARTS INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees:	\$35.00
Registered Agent	
Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith Regulatory Specialist II

Letter Number: 812A00016448

SECRETARY OF STATE
HVISTON OF CORPORATIONS

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the co	NAME Orporation shall be: JUDKYHRO PANTS	بعملا بالكاني المجالة
ARTICLE II	PRINCIPAL OFFICE	
	Principal street address	Mailing addres 2 it diller ent is: PM 4: 09
	11303 Bloomington Dr Lampa FI 33635	
	PURPOSE which the corporation is organized is: al Corporation	
ARTICLE IV The number of sha	SHARES res of stock is: 100	
ARTICLE V	INITIAL OFFICERS AND/OR DIREC	
Name and T	itle:Robert Newman Pres	Name and Title:
Address:	11303 Bloomington Dr.	Address:
	Tampa FI 33635	
Name and Ti	itle:Clemance Newman Sec	Name and Title:
Address:	11303 Bloomington Dr.	Address:
	Tampa Fl 33635	
Name and Ti Address:	itle:	Name and Title:
The name and Flo Name:	REGISTERED AGENT rida street address (P.O. Box NOT acceptab Anthony Newman	le) of the registered agent is:
Address:	841 Karen St., Palm Harbor, Fl.	3 <u>468</u> 4
	INCORPORATOR Iress of the Incorporator is:	
Name:	Robert Newman	
Address:	11303 Bloomington Dr. Tampa Fl 33635	<u> </u>
Having been name this certificate, I an	n familiar with and accept the appointment a	ocess for the above stated corporation at the place designated in s registered agent and agree to act in this capacity
	- Aren	6-8-12
	Required Signature/Registered Agent	Date
	ment and affirm that the facts stated herein epartment of State constitutes a fird degree j	are true. I am aware that the false information submitted in a elony as provided for in s.817.155, F.S.
,	(Q of H	//0/-
***	Required Signature/Incorporator	6/8///