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Florida Department of State
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FLORIDA PROFIT/NON PROFIT CORPORATION
SUR ANDINA DE REPUESTOS C.A., CORP

Certificate of Status	1
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PS 7/25/12

July 24, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BARINAS & ASSOCIATES INC

,

SUBJECT: SUR ANDINA DE REPUESTOS C.A., CORP
REF: W12000038949

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Tim Burch
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New Filing Section

FAX Aud. #: H12000188457
Letter Number: 312A00019452

COVER LETTER

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

SUBJECT: SUR ANDINA DE REPUESTOS C.A., 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: YANELLE M BARINAS
Name (Printed or typed)

5701 NW 36 ST
Address

MIAMI, FL 33166
City, State & Zip

(305) 871-0889
Daytime Telephone number

BARINASB@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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

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DIVISION OF CORPORATIONS

12 JUL 24 AM 9:14

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: SUR ANDINA DE REPUESTOS C.A., CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address:
18908 NW 45TH AVE
MIAMI GARDENS, FL 33055

Mailing address, if different is:
18908 NW 45TH AVE
MIAMI GARDENS, FL 33055

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT
Address: JOSE LUIS ALARCON TARAZONA
18908 NW 45TH AVE
MIAMI GARDENS, FL 33055

Name and Title: VICE PRESIDENT
Address: YAETH TARAZONA DE ALARCON
18908 NW 45TH AVE
MIAMI GARDENS, FL 33055

Name and Title:
Address:

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: JOSE LUIS ALARCON TARAZONA
Address: 18908 NW 45TH AVE
MIAMI GARDENS, FL 33055

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: JOSE LUIS ALARCON TARAZONA
Address: 18908 NW 45TH AVE
MIAMI GARDENS, FL 33055

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

Required Signature/Registered Agent — Date: 07/20/2012

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.

Required Signature/Incorporator — Date: 07/20/2012