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SECHETARY OF STATE
TALLAHASSEE, FLORIDA

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ETARY OF JUNE

## **COVER LETTER**

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

SUBJECT: USE AND CKG		6 Parts
(PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of
	ADDITIONAL CO	
FROM: LAZARO BON Name	(Printed or typed)	
16100 SW 48	TEN	
monni EC	33/85 State & Zip	
186-683-6178		
Daytime Te	elephone number	0.
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 The name of the corporation shall be: LKG USED /	Puto Parts I	nc.	
Principal street address  (42470 Borrego 16/00 SW 42, Tefr  M COME   Thinmist 33/85	Mailing addr MiOmi	ess, if different is:	
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  USECL AUTO PARTIS			
ARTICLE IV SHARES The number of shares of stock is: /OO			
ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR  Name and Title: (2200 BOV/20 , Pre  Address: (6/0) SU 427277  MIGMI , PL 33/85-	Name and Title: Address:		
Name and Title: Address:	Address.		
Name and Title: Address:	Name and Title:Address:		
ARTICLE VI REGISTERED AGENT			
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of Name:  Address:  Addre	the registered agent is:	DV 13 PM	
ARTICLE VII INCORPORATOR			
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is: Name: Address:  Address:  Name: Address: Addres	· ·	ORUBA ORUBA	
Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as regions.			
		11-13-12 Date	
Required Signature/Registered Agent	·	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.			
		11-12-12	
Required Signature/Incorporator	<del></del>	1/-/3-/2 Date	