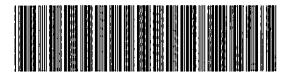
## P14000044934

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

6181-WH000027815



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

or 5/21/14

## **COVER LETTER**

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

SIRIFCT.	P	RE	CIS	E A	TU	O F	PAI	RT	SI	NC	
CITED IN THE						_			_	· <del>-</del>	

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

cheioseu are an orig	ginai and one (1) copy of the an	ncies or incorporation and	i 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 CO	PV RECHIRED

FROM: MIKE S. BONILLA			
Name (Printed or typed)	<del></del>		
27061 SW 138 AVE #D			
Address	SEC	7	
HOMESTEAD, FL 33032	を発	MAY	
City, State & Zip		<del>-</del> 9	
786-454-0506	ria Po	- -2	ED
Daytime Telephone number	宝艺	‡:	
mikebonilla27@gmail.com		<b>8</b> 2	

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

14 MAY 19 PM 3:36

SECAN AND A STATE TALLAHASSEE, FLORIDA

May 2, 2014

MIKE S. BONILLA 27061 SW 138 AVENUE #D HOMESTEAD, FL 33032

SUBJECT: IMPERIAL AUTO PARTS INC.

Ref. Number: W14000027815

We have received your document for IMPERIAL AUTO PARTS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of 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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 914A00009400

FILED

14 MAY 19 PM 4: 58

SECRETARY OF STATE
AND AND SEEL FLORED.

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

FILED

c of the corpora		O PARTS INC.	14 MAY 19
·	NCIPAL OFFICE Principal street address 138 AVE #D	Mailing address, if	SECRETARY O aimeTeAULAHASSEE,
MESTE/	AD, FL 33032		
LE III PUR pose for which (	POSE the corporation is organized is:	OF AUTO PARTS	
<u> </u>			
			<del>,,_                                   </del>
	NRES 1		
ber of shares of	stock is:	DS	<u></u>
ber of shares of	stock is:  TIAL OFFICERS AND/OR DIRECTO		
ber of shares of  LE V INT  Name and Title	stock is:  TIAL OFFICERS AND/OR DIRECTO	Name and Title:	
ber of shares of	stock is:  FIAL OFFICERS AND/OR DIRECTOR  MIKE S. BONILLA, PRESIDENT		
ber of shares of  LE V INT  Name and Title  Address	TIAL OFFICERS AND/OR DIRECTOR MIKE S. BONILLA, PRESIDENT 27061 SW 138 AVE #D HOMESTEAD, FL 33032	Name and Title:Address:	
ber of shares of  LE V INT  Name and Title  Address	TIAL OFFICERS AND/OR DIRECTOR MIKE S. BONILLA, PRESIDENT 27061 SW 138 AVE #D HOMESTEAD, FL 33032 OSCAR M. BONILLA, PRESIDENT	Name and Title:  Address:  Name and Title:	
ber of shares of  LE V INT  Name and Title  Address	TIAL OFFICERS AND/OR DIRECTOR MIKE S. BONILLA, PRESIDENT 27061 SW 138 AVE #D HOMESTEAD, FL 33032	Name and Title:Address:	
ber of shares of  LE V INT  Name and Title  Address	TIAL OFFICERS AND/OR DIRECTOR MIKE S. BONILLA, PRESIDENT 27061 SW 138 AVE #D HOMESTEAD, FL 33032  OSCAR M. BONILLA, PRESIDENT 27061 SW 138 AVE #D	Name and Title:  Address:  Name and Title:	
ber of shares of  LE V INT  Name and Title  Address  Name and Title  Address	TIAL OFFICERS AND/OR DIRECTOR MIKE S. BONILLA, PRESIDENT 27061 SW 138 AVE #D HOMESTEAD, FL 33032  OSCAR M. BONILLA, PRESIDENT 27061 SW 138 AVE #D	Name and Title:  Address:  Name and Title:  Address:	

Name a	and Title:	Name and Title:
Addre	ess	Address:
ARTICLE VI		
Name:	Florida street address (P.O. Box NOT acceptable) of the MIKE S. BONILLA	ie regisiered agent is:
Address:	27061 SW 138 AVE #D	
	HOMESTEAD, FL 33032	
ARTICLE VI	I INCORPORATOR	,
The <u>name and</u>	address of the Incorporator is:	
Name:	MIKE S. BONILLA	
Address:	27061 SW 138 AVE #D	
	HOMESTEAD, FL 33032	
	amed as registered agent to accept service of process for a familiar with and accept the appointment as regis	or the above stated corporation at the place designated in tered agent and agree to act in this capacity 5/12/2014
	Required Signature/Registered Agent	Date
	ocument and affirm that the facts stated herein are tr e Department of State constitutes a third degree felony	ue. I am aware that the false information submitted in as provided for in s.817.155, F.S.
	The same of the sa	5/12/2014
	Required Signature/Incorporator	Date
		SECRETA TALLAHAS