## P1400059658

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

Office Use Only

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BIVISION OF CORMANDER

TO BILL I AM 9: 20

## **COVER LETTER**

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

SUBJECT: PAR	TS SUPPLY, INC		
5000EC1		TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d 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	PY REQUIRED
FROM: G	UILLERMO ARIAS Nam	e (Printed or typed)	
83	32 NW 64TH STREET	•	
		Address	
Mi	AMI, FL 33166		
	City	State & Zip	
(30	05) 490-9916		
<del></del>	Daytime 1	elephone number	
SA	LES@PARTSSUPPLY.NE		
	E-mail address: (to be use	d for future annual report	notification)

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



REPARE

14 JUL 11 MII: 34

## FLORIDA DEPARTMENT OF STATE SECRETARIOS TALLAMASSES, FLORIDA

June 25, 2014

GUILLERMO ARIAS 8332 NW 68TH STREET MIAMI, FL 33166

SUBJECT: PARTS SUPPLY, INC. Ref. Number: W14000035115

We have received your document for PARTS SUPPLY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 114A00012187

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

ARTICLE I NAM The name of the corporat	EE ion shall be: PARTS SUPPLY MIAMI,	INC.	
ARTICLE II PRII	VCIPAL OFFICE Principal <u>street</u> address	Mailing address, if diff	
8332 NW 68TH STREET			
MIAMI, FL 33166	· · · · · · · · · · · · · · · · · · ·	MIAMI, FL 33166	
ARTICLE III PURI	POSE RETAIL-		
SELLING PARTS F	ne corporation is organized is: RETAIL- OR ENERGY GENERATORS.		
			H JUL 11
ARTICLE IV SHA The number of shares of	IRES 100		
The number of shares of	SLUCK IS.		<b>A</b>
	CHILL EDMO ABIAS / DEESIDEN	5	9. 7.
Name and Title	GUILLERMO ARIAS / PRESIDEN	Name and Title:	
Address	8332 NW 68TH STREET	Address:	
	MIAMI, FL 33166		
Name and Title	:	Name and Title:	
Address			
Address			
		·	
Name and Title	:	Name and Title:	
Address		Address:	

Name and	1 Title:	Name and Title:
Address	· · · · · · · · · · · · · · · · · · ·	Address:
ARTICLE VI	REGISTERED AGENT	
The <u>name and Fl</u>	orida street address (P.O. Box NOT accepta	ble) of the registered agent is:
Name:	GUILLERMO ARIAS	-
Address:	8332 NW 68TH STREET	 
	MIAMI, FL 33166	
ARTICLE VII	INCORPORATOR	
The <u>name and ad</u>	dress of the Incorporator is:	9
Name:	GUILLERMO ARIAS	
Address:	8332 NW 68TH STREET	
	MIAMI, FL 33166	<del></del>
		process for the above stated corporation at the place designated it as registered agent and agree to act in this capacity
	0117/	07/08/2014
	Required Signature/Registered Age	nt Date
I submit this doc document to the	ument and affirm that the facts stated here Department of State constitutes a third degre	in are true. I am aware that the false information submitted in efelony as provided for in s.817.155, F.S.
(9AR)		07/08/2014
	Required Signature/Incorporator	Date