

P 14000097037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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Letter to Release Enclosed

*[Signature]*  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 3 2014

S. GILBERT

November 4, 2014

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

Re: P13000085992 Santana Salvage Used Parts Inc

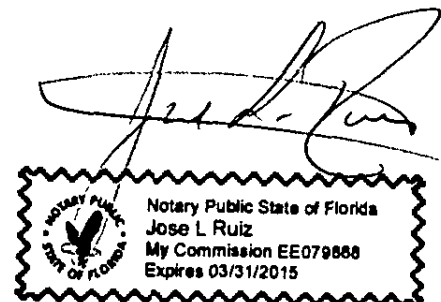
To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,

  
Luis M. Santana



## COVER LETTER

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

SUBJECT: **SANTANA SALVAGE USED 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: **MARIA E RUIZ**

Name (Printed or typed)

**7750 SW 117TH AVE SUITE 201D**

Address

**MIAMI FLORIDA 33183**

City, State & Zip

**305 595-2407**

Daytime Telephone number

**MARIAQUIROS9@HOTMAIL.COM**

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: SANTANA SALVAGE USED PARTS INC

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

1280 S.W. 1<sup>st</sup> Street

HOMESTEAD FLORIDA 33030

Mailing address, if different is:

7750 SW 117TH AVE SUITE 201D

MIAMI FLORIDA 33183

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LEGAL PURPOSES

**ARTICLE IV    SHARES**

The number of shares of stock is: 100 @ \$1.00 EA

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: LUIS M SANTANA, PRES

Address 637 W MOWRY DRIVE  
HOMESTEAD, FLORIDA 33030

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Dioni Cabrera, V.P.

Address 1695 N.E. 37 PL  
Homestead, FL 33033

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(conti.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

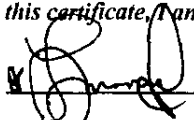
Name: LUIS M SANTANA  
Address: 637 W MOWRY DRIVE  
HOMESTEAD FLORIDA 33030

**ARTICLE VII INCORPORATOR**

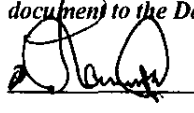
The name and address of the Incorporator is:

Name: LUIS M SANTANA  
Address: 637 W MOWRY DRIVE  
HOMESTEAD FLORIDA 33030

*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 10/4/14  
\_\_\_\_\_ 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.*

 \_\_\_\_\_  
Required Signature/Incorporator 10/4/14  
\_\_\_\_\_ Date