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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : JP GLOBAL BUSINESS  
Account Number : I20130000083  
Phone : (305) 436-0093  
Fax Number : (305) 436-0094

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: cloral@gpgbusiness.com

FLORIDA PROFIT/NON PROFIT CORPORATION  
SUSPENSIONES Y PARTES SP CA INC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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February 16th, 2016

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of Suspensiones y Pautas SPCA INC  
Of Doc # P12000059963 are the same owners of the attached  
articles of incorporation. We have dissolved the company and have no intention of  
reopening it. Thank you for your help in this matter.

Very sincerely

Miguel Peiozo.

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02/17/2016

12:01

TO:18506176381 FROM:7862171243

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### COVER LETTER

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

SUBJECT: SUSENSIONES Y PARTES SP CA 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  
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: SUSANA BIJANI

Name (Printed or typed)

1395 BRICKELL AVE STE 1380

Address

MIAMI, FL 33131

City, State & Zip

305 436 0093

Daytime Telephone number

DORAL@JPGBUSINESS.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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02/17/2016

12:01

TO: 18506176381 FROM: 7862171243

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## ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: SUSPENSIONES Y PARTES SP CA INCARTICLE II PRINCIPAL OFFICEPrincipal street address6202 NW 116TH PLAPT 444DORAL, FL 33178

Mailing address, if different is:

6202 NW 116TH PLAPT 444DORAL, FL 33178ARTICLE III PURPOSEThe purpose for which the corporation is organized is: IMPORT AND EXPORT OF AUTOPARTSARTICLE IV SHARESThe number of shares of stock is: 1000ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: MIGUEL PEROZO, PRESIDENTAddress: 6202 NW 116TH PL APT 444DORAL, FL 33178Name and Title: EUGENIA PEROZO, VPAddress: 6202 NW 116TH PL APT 444DORAL, FL 33178

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

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

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

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

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

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

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

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

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

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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: JOSE PEREZ/ JP GLOBAL BUSINESS SOLUT  
Address: 1395 BRICKELL AVE STE 1380  
MIAMI, FL 33131

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MIGUEL PEROZO  
Address: 6202 NW 116TH PL APT 444  
DORAL, FL 33178

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 02/17/2016. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

02/17/2016  
\_\_\_\_\_  
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.*

Miguel Perozo  
\_\_\_\_\_  
Required Signature/Incorporator

02/17/2016  
\_\_\_\_\_  
Date

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