

P17000004578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

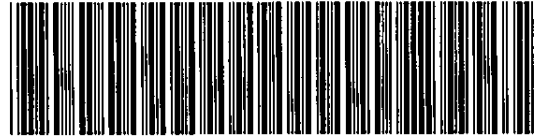
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/17/16--01024--017 **70.00

17 JAN 17 PM 6:17
SECRETARY OF STATE
FALLS CHURCH, VA

M. MOON
JAN 17 2017

A-1 AUTOPARTS ACCESORIES CORP.

20130 NW 14 PLACE
MIAMI GARDEN, FL 33169

January 9, 2017

Florida Department of State
Division of Corporation

Reference: A-1 AUTOPARTS ACCESORIES CORP
P15000085724

To who may I concern,

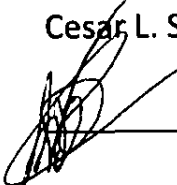
This letter is to inform you I will not be using this document number
(P15000085724)
any longer for any activity. Please Revoke and/or Dissolve.

We will be using the Same Name A-1 Autoparts Accessories Corp.
With NEW DOCUMENT NUMBER Assign W16000078852 for all commercial
activities.

Please let me know if you have any questions

Best Regards;

Cesar L. Saenz.



STATE OF FLORIDA, COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me
this 9 day of JANUARY, 2017
by Cesar L. Saenz who is
personally known X or produced ID _____



Notary Public



MIRIAM SIFONTES
MY COMMISSION # FF 002504
EXPIRES: July 22, 2019
Bonded Thru Budget Notary Services

FILED
2017 JAN 17 PM 5:17
CLERK OF COURT
MIAMI-DADE COUNTY
FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 23, 2016

CESAR L. SAENZ
20130 NW 14 PL
MIAMI GARDEN, FL 33169

SUBJECT: A-1 AUTOPORTS ACCESORIES CORP
Ref. Number: W16000078852

We have received your document for A-1 AUTOPORTS ACCESORIES CORP 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P15000085724.

Please return 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.

Matthew T Moon
Regulatory Specialist II

Letter Number: 416A00025148

17 JAN 17 PM 6:17
STATE
SECRETARY OF
FLORIDA

17 JAN 17 PM 2:45
REGULATORY SPECIALIST II
MATTHEW T. MOON

COVER LETTER

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

SUBJECT: A-1 AUTOPARTS ACCESSORIES CORP
(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: Cesar L. Saenz
Name (Printed or typed)

20130 NW 14 place
Address

Miami Garden, FL 33169
City, State & Zip

(786) 525-2954
Daytime Telephone number

LeinSaenz19@gmail.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: A-1 AutoParts Accessories Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address
20130 NW 14 place
miami garden, FL 33169

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Sell new and used autoparts for export.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cesar L. Saenz Name and Title: P

Address: 570 Dunad Avenue Address: _____
Opalocka, FL 33054

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

17 JAN 17 PM 5:17
SECRETARY
17 JAN 17 PM 5:17
17 JAN 17 PM 5:17

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: Cesar L. Saenz

Address: 20130 NW 14 Place
Miami Garden, FL 33169

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STATE
SECRETARY

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Cesar L. Saenz

Address: 20130 NW 14 Place
Miami Garden, FL 33169


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11-14-16 (OPTIONAL)

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

11-11-16

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

11-11-16

Date