

# P17 0000 60709

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

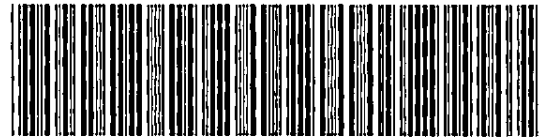
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17 JUL 17 PM 12:45  
SECURITY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** AUTO HAUS PERFORMANCE 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

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

**FROM:** JUAN DEL CARPIO

\_\_\_\_\_  
Name (Printed or typed)

3701 N. COUNTRY CLUB DR APT 504

\_\_\_\_\_  
Address

AVENTURA, FL 33180

\_\_\_\_\_  
City, State & Zip

786-306-6261

\_\_\_\_\_  
Daytime Telephone number

tatealfred@yahoo.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)

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ARTICLE I NAME

The name of the corporation shall be: AUTO HAUS PERFORMANCE CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address  
112 NW 2ND STREET

HALLANDALE BEACH, FL 33009

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Mailing address, if different is: SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 500.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUAN DEL CARPIO, PRESIDENT

Address: 3701 N. COUNTRY CLUB DR APT 504  
AVENTURA, FL 33180

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

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

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

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

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

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

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: ALFRED TATE  
Address: 1799 N.E. 164TH STREET STE 104  
N. MIAMI BEACH, FL 33162

**ARTICLE VII INCORPORATOR**

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

Name: JUAN DEL CARPIO  
Address: 3701 N. COUNTRY CLUB DR APT 504  
AVENTURA, FL 33180

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DEPT. OF STATE  
TALLAHASSEE, FLORIDA

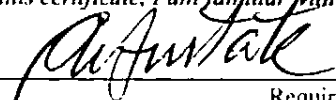
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 08/01/2017 (OPTIONAL)

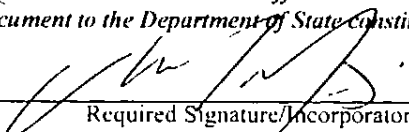
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

 \_\_\_\_\_ 07/12/2017  
Required Signature/Registered Agent 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.*

 \_\_\_\_\_ 07/12/2017  
Required Signature/Incorporator Date