Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190002160553)))



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| Fo:                          | Division of Corporations   |            |
|------------------------------|--|------------|
|                              | Fax Number : (850)617-6381   |            |
| From:                        |  |            |
|                              | Account Name : BLUMBERG/EXCELSIOR CORPORATE SE   | RVICES,    |
|                              | Addount Number : 075350000353  |            |
|                              | Phone : (900)221-2972<br>Fax Number : (718)889-7420  |            |
|                              | address for this business entity to be used for for mailings. Enter only one email audiness please.* |            |
| annual repo                  | rt mailings. Enter only one email audiess please.*   |            |
| annual repo                  | rt mailings. Enter only one email audzess please.* ss:   |            |
| annual repo                  | rt mailings. Enter only one email audiess please.*   |            |
| ennual repo                  | IDA PROFIT/NON PROFIT CORPORATION  | •<br>-<br> |
| ennual repo Email Addre FLOR | IDA PROFIT/NON PROFIT CORPORATION  MSE CAR PARTS INC.  | •<br>-<br> |
| ennual repo                  | IDA PROFIT/NON PROFIT CORPORATION  MSE CAR PARTS INC.  |            |

Corporate Filing Menu

JUL 2 3 2019

≦ ≈ Electronic Filing Menu

Help

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

| The name of the corporat                                  | MSE CAR PARTS INC.                                    |  |                                   |  |  |
|---|---|--|-----------------------------------|--|--|
| ARTICLE II PRINC  | <u>IPAL OFFICE</u><br>Principal <u>street</u> address |  | Mailing address, if different is: |  |  |
| 1985 S. Ocean Drive Apt 20H<br>Hallandale Beach, FL 33009 |   | Hallandale Beach, FL 33009   |                                   |  |  |
|   |   |  |                                   |  |  |
| ARTICLE III PURPO. The purpose for which the              | NE exportion is organized is:                         | ing auto parts   |                                   |  |  |
|   |   |  |                                   |  |  |
|   |   |  |                                   |  |  |
|   |   |  | 25 0                              |  |  |
|   |   |  |                                   |  |  |
|   |   |  |                                   |  |  |
| ARTICLE V INITIA  | L. OFFICERS AND/OR DIRECTORS Sergei Chemiy, Director  | Name and Title   | Marius Marcinkevicius, Director   |  |  |
| Address   | 1085 S. Ocean Drive Apt 20H                           | Address:   | 335 S. Biscayne Blvd Apt 1403     |  |  |
|   | Hallandale Beach, Ft. 33009                           | <del></del>  | Miami, FL 33431                   |  |  |
| Name and Title:<br>Address                                | Egidijus Valucicius, Director                         | Name and Title   |                                   |  |  |
|   | 1536 Apple Grove Lane                                 | Address:   | <u></u>                           |  |  |
|   | Westmont, IL 60559                                    | and the second s |                                   |  |  |
| Name and Title:   |   | Name and Title   |                                   |  |  |
| Address   |   |  | <b>*</b>                          |  |  |
|   |   |  |                                   |  |  |
|   |   |  |                                   |  |  |

| Name and                                   | Title:  | Name and Title:  | . <u>.</u>                       |
|--|---|--|----------------------------------|
| Address                                    |   | Address:   |                                  |
|  |   |  | <del></del>                      |
|  |   |  |                                  |
|  |   |  |                                  |
|  |   |  |                                  |
| ARTICLE VI R                               | EGISTERED AGENT<br>wide street address (P.O. Box NOT acceptable) of                                       | the registered agent is:   |                                  |
| Name:                                      | Valentina Grossman  | <b>-</b>   |                                  |
|  | 1985 S. Ocean Drive Apt 20H   |  |                                  |
| Address:                                   | Hallandale Beach, FL 33009  |  |                                  |
|  |   |  |                                  |
| ARTICLE VII I                              | NCORPORATOR   |  |                                  |
|  | dress of the Incorporator is:   |  |                                  |
|  | JOSE MOJICA   |  |                                  |
| Name:                                      | C/O BLUMBERGEXCELSIOR 16 COURT  |  |                                  |
| Address:                                   | BROOKLYN, NY 11241  |  |                                  |
|  | BROOKETH, NT 11241  |  |                                  |
| ANTICLE VIII                               | OFFICETIVE DATE.  |  |                                  |
| Effective date, if o                       | EFFECTIVE DATE: wher than the date of filing:   | (OPTIONAL)   |                                  |
| (If an effective da<br>days after the fili | ite is listed, the date must be specific and cannot<br>ng.)   | the more than five business da   | ys prior or 90 business          |
| Note: If the date i                        | inserted in this block does not meet the applicable   | statutory filing requirements, this                                      | s date will not be listed as     |
|  | fective date on the Department of State's records.  |  |                                  |
| . Having been nam                          | ed as registered agent to accept service of process.  | for the above stated corporation   | i at the place designated in     |
| this certificate, I a                      | in familiar with and accept the appointment as reg  | istered agent and agree to act in  | this capacity                    |
| <u>/</u>                                   | Required Signaphre/Registered Agent   |  | 7/16/2019                        |
|  | Required Signaphre/Registered Agent   |  | Date                             |
| I submit this docu                         | ment and affirm that the facts stated herein are t<br>epartment df State constitutes a third degree felou | rue. I am invare that the fulse i<br>v as provided for in \$.817.155. F. | information submitted in a<br>.C |
| ما ماه ماه ماه ماه ماه ماه ماه ماه ماه م   | A   |  |                                  |
| Requit                                     | ed Signature/Incurporator   | <del></del>  | 7 - 16 - 19<br>Date              |
| •  |   |  |                                  |