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Division of Corporations
Florida Department of State
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**FLORIDA PROFIT/NON PROFIT CORPORATION
AMERICAN STEERING COLUMN REPAIR, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
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JAN 08 2020

T. SCOTT

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Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: AMERICAN STEERING COLUMN REPAIR, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

3564 NW 12 TERRMIAMI, FL 33125**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: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: RAFAEL A. CALVO (P/S/T/D)

Name and Title: _____

Address: 3564 NW 12 TERR

Address: _____

MIAMI, FL 33125

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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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: RAFAEL A. CALVO _____

Address: 3564 NW 12 TERR _____

MIAMI, FL 33125 _____

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: RAFAEL A. CALVO _____

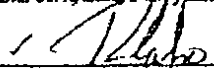
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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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 Agent1/6/2020

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.817.135, F.S.*

Required Signature/Incorporator1/6/2020

Date