

P200 0001 6753
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Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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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.

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FLORIDA PROFIT/NON PROFIT CORPORATION
AA LUBRICANTS CORP.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

20 FEB 24 PM 12:43

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February 24, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CABANAS & ASSOCIATES, P.A.
8350 NW 52ND TERRACE-STE #208
DORAL, FL 33166

SUBJECT: AA LUBRICANTS CORP.
REF: W20000019397

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

TITLE FOR OFFICER LISTED

If you have any further questions concerning your document, please call (850) 245-6052.

James Harris
Regulatory Specialist II
New Filing Section

FAX Aud. #: H20000058899
Letter Number: 120A00004030

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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: AA LUBRICANTS CORP.

ARTICLE II PRINCIPAL OFFICE	Principal <u>street</u> address	Mailing address, if different is:
<u>220 NW 87TH AVE. - APT. # K205</u>		<u>220 NW 87TH AVE. - APT. # K205</u>
<u>MIAMI, FL 33172</u>		<u>MIAMI, FL 33172</u>

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: IMPORTATION OF LUBRICANTS & INDUSTRIAL PARTS

ARTICLE IV SHARES
The number of shares of stock is: 1,000 SHARES AT \$1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>ANA MARIA ARAGONA LOZADA</u>	Name and Title:	_____
Address	<u>220 NW 87TH AVE. - APT. # K 205</u>	Address:	_____
	<u>MIAMI, FL 33172</u>		_____
	<u>President</u>		_____

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: CABANAS & ASSOCIATES, P.A.

Address: 8350 NW 52ND TERRACE - STE. #208

DORAL, FL. 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CABANAS & ASSOCIATES, P.A.

Address: 8350 NW 52ND TERRACE - STE. #208

DORAL, FL. 33166

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: N/A (OPTIONAL)

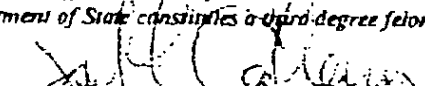
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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.

 FEB. 21, 2020
 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.

 FEB. 21, 2020
 Required Signature/Incorporator Date