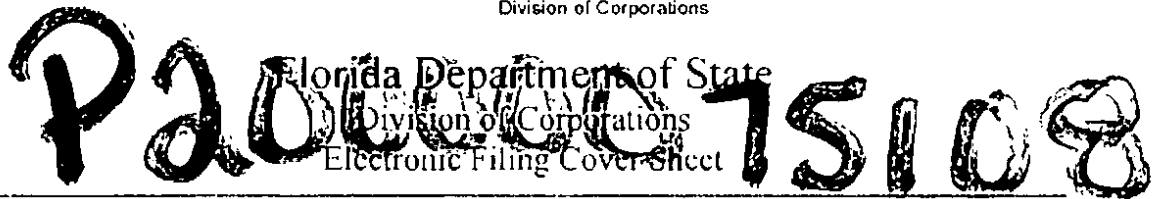


9/28/2020

Division of Corporations



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.

(((H20000337164 3)))



H200003371643ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : ALEX PINA CO.
Account Number : I20190000095
Phone : (305)803-8471
Fax Number : (305)602-3977

2020 SEP 28 PM 2:42

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: client@alexpina.co

FLORIDA PROFIT/NON PROFIT CORPORATION

Total Parts Miami Corp

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

2020 SEP 28 PM 3:36

Electronic Filing Menu

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: Total Parts Miami Corp.**ARTICLE II PRINCIPAL OFFICE**Principal street address
1401 NW 65th St Apt 309

Mailing address, if different is:

Miami, FL 33147**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any and All Lawfull Purposes**ARTICLE IV SHARES**The number of shares of stock is: 10,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Armando J Palacios - PresidentName and Title: Yadonis R Mora Infante - VicepresidentAddress 1401 NW 65th St Apt 309Address: 1401 NW 65th St Apt 309Miami, FL 33147Miami, FL 33147

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2020 SEP 28 PM 3:36
NOTARIAL PUBLIC
STATE OF FLORIDA

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Alex Pina Co.
Address: 8400 NW 36th St Ste 450
Doral, FL 33166

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Armando J Palacios
Address: 1401 NW 65th St Apt 309
Miami, FL 33147

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 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.

Required Signature/Incorporator

Date