

11/6/2020

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : ARIMIR SERVICES GROUP LLC
Account Number : I20200000022
Phone : (305)420-5722
Fax Number : (305)643-5225

2020 NOV -6 PM 4:28

ORIGINAL
FILED

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

Email Address:

joeljtg@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
CARINPARTS INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: CARINPARTS INC**ARTICLE II PRINCIPAL OFFICE**Principal street address12851 NW 11ST

Mailing address, if different is:

MIAMI FL 33382**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: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Joel Jimenez - PresidentName and Title: Fernando Lugo - Vice PresidentAddress 12851 NW 11STAddress: 12851 NW 11STMIAMI FL 33182MIAMI FL 33182

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

Name: Joel Jimenez
Address: 12851 NW 11ST
MIAMI FL 33182

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Joel Jimenez
Address: 12851 NW 11ST
MIAMI FL 33182

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

11/6/2020
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.817.155, F.S.

Required Signature/Incorporator

11/6/2020
Date