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Florida Department of State
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.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
LUBRICANTES Y REPUESTOS MAFER, INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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7/27/21

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

LUBRICANTES Y REPUESTOS MAFER, INC

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICEPrincipal street address

5 TAMIAMI WAY

Mailing address, if different is:

5 TAMIAMI WAY

KISSIMMEE, FL 34758

KISSIMMEE, FL 34758

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: P: JUAN C. MARCHAN

Name and Title: VP: CARMEN L. MOLINA

Address 5 TAMIAMI WAY

Address: 5 TAMIAMI WAY

KISSIMMEE, FL 34758

KISSIMMEE, FL 34758

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

Name: JUAN C. MARCHAN
 Address: 5 TAMiami WAY
 KISSIMMEE, FL 34758

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ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: JUAN C. MARCHAN
 Address: 5 TAMiami WAY
 KISSIMMEE, FL 34758

ARTICLE VIII EFFECTIVE DATE: 07/23/2021

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*

x Juan C Marchan
 Required Signature/Registered Agent

07/23/2021
 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.

x Juan C Marchan
 Required Signature/Incorporator

07/23/2021
 Date