

1/11/22, 2:08 PM

Division of Corporations

**P220000014202464**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H220000142023ABCN

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To:

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

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Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516)935-3940  
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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.\*\***

MICHAEL@MC-TAX.NET

Email Address: \_\_\_\_\_

## FLORIDA PROFIT/NON PROFIT CORPORATION

## A &amp; K PARTS INC

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

T. SCOTT

JAN 12 2022

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H22000014202

**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: A & K PARTS INC

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
11 PLAZA REAL SOUTH APT 203  
BOCA RATON, FL 33432

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY LEGAL OR LAWFUL PURPOSE

**ARTICLE IV SHARES**

The number of shares of stock is: 1,500 AT NO PAR VALUE

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JEFF LIFTON - PRESIDENT Name and Title: \_\_\_\_\_

Address 11 PLAZA REAL SOUTH APT 203 Address: \_\_\_\_\_  
BOCA RATON, FL 33432

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

22 JAN 11 PM 12:13  
A. J. LIFTON, PRESIDENT

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H22000014202

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: JEFF LIFTON  
Address: 11 PLAZA REAL SOUTH APT 203  
BOCA RATON, FL 33432

**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name: JEFF LIFTON  
Address: 11 PLAZA REAL SOUTH APT 203  
BOCA RATON, FL 33432

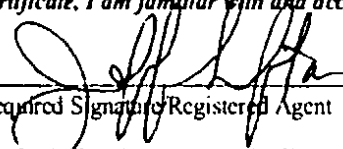
**ARTICLE VIII EFFECTIVE DATE:**

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.

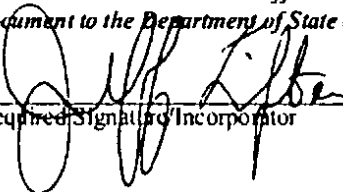
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*

  
\_\_\_\_\_  
Required Signature/Registered Agent

JANUARY 11, 2022

\_\_\_\_\_  
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

JANUARY 11, 2022

\_\_\_\_\_  
Date

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