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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RCA ACCOUNTING SERVICES CORP

Account Number : I20180000102

Phone

: (305)799-7633

Fax Number

: (305)406-3999

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FLORIDA PROFIT/NON PROFIT CORPORATION AUTO PARTS AND SERVICES H.A. CORP

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ARTICLES OF INCORPORATION

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

<u>ARTICLE I N</u>	AME AUTO DADES AND	S SEMUCECUA CODO	
The name of the co	rporation shall be: AUTO PARTS ANI	O SERVICES H.A. CORP	
ARTICLE II P	RINCIPAL OFFICE		
	Principal street address	Mailing addre	ss, if different is:
6503 EAST B	ROADWAY AVE	SAME	
IAMPA , FI	L 33619		<u> </u>
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<u>ARTICLE III P</u>	URPOSE ANY A	NO ALL LAWELL BURNESS	
The purpose for w	hich the corporation is organized is: ANY A	THE PART OF BOSINESS.	
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	1		
		·· ····	
ARTICLE IV S	SHARES 100		
The number of sha	res of stock is: 100		
ARTICLE V I	NITIAL OFFICERS AND/OR DIRECTOR	5	
		_	
Name an	d Title: GUSTAVO DANIEL PERDOMO ARAUJ	O (P) Name and Title:	
Address	6503 EAST BROADWAY AVE	Address:	
1100100	· · ·		
	TAMPA, FL 33619		
Name and	1 Title:	Name and Title:	
Address		. 11	
Address		Address:	
			52 <u>2</u>
			
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Name and	1 Title:	Name and Title:	- -
			70
Address		Address:	
			ယ
			
	l .		

Name an	nd Title: Name and T	itle:
Address		
. 152. 450	Address	
	REGISTERED AGENT [lorida street address (P.O. Box NOT acceptable) of the registered	Attent is:
Name:	GUSTAVO DANIEL PERDOMO ARAUJO	agent is:
Address:	6503 EAST BROADWAY AVE	
	TAMPA, FL 33619	
ARTICLE YII	<u>INCORPORATOR</u>	
The name and a	udd ress of the Incorporator is:	
Name:	GUSTAVO DANIEL PERDOMO ARAUJO	
Address:	6603 EAST BROADWAY AVE	
	TAMPA , FL 33819	
Effective date, i	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and cannot be more the	(OPTIONAL) an five days prior or 90 days after the
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certificate, I am	umed as registered agent to accept service of process for the above st familiar with and accept the appointment as registered agent and	tated corporation at the place designated in thi agree to act in this capacity
Gus	Required Signature/Registered Agent	05/18/2022
		Date
I submit this do document to the	ocument and affirm that the facts stated herein are true. I am ave e Department of Stute constitutes a third degree felony as provided	vare that the false information submitted in for in s.817.155, F.S.
Gus	stavo D. Personso Aravin ture/Incorporator	05/18/2022
Required Signat	ture/Incorporator	Date
		2022
		21:
		202217537 8
		