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FLORIDA PROFIT/NON PROFIT CORPORATION SB TIRES & PARTS CORP

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

ARTICLE I NAMEThe name of the corporation shall be: SB TIRES & PARTS CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

7713 NW 46TH ST MIAMI, FL 33156**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: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: DARREL JAVIER SOTO ALVAREZ (P)

Name and Title: _____

Address 7713 NW 46TH ST

Address: _____

MIAMI, FL 33156Name and Title: JAVIER GREGORIO SOTO VARGAS (VF)

Name and Title: _____

Address 7713 NW 46TH ST

Address: _____

MIAMI, FL 33156Name and Title: CARLOS ANTONIO BEIRA CABRERA (D)

Name and Title: _____

Address 7713 NW 46TH ST

Address: _____

MIAMI, FL 33156

21 10 7

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: DARREL JAVIER SOTO ALVAREZAddress: 7713 NW 46TH STMIAMI, FL 33166**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: DARREL JAVIER SOTO ALVAREZAddress: 7713 NW 46TH STMIAMI, FL 33166**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