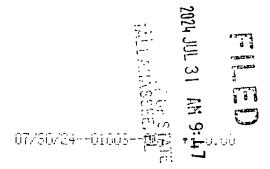
P24000049892

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |

Office Use Only



700432336457



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85 ORGIANY OF STATE

CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

- (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

| | P | ICK UP: BROOK 7/30 | |
|---------|----------------------|--------------------|--|
| | CERTIFIED COPY | | |
| XX | РНОТОСОРУ | | |
| | GS | | |
| XX | FILING | INC | 2022 |
| | YOUNG KING AU'. | | 7074 JUL 1995 |
| | CORPORATE NAME AND I | OOCUMENT#) | |
| 2 | | | THE HOLD |
| (| CORPORATE NAME AND I | OOCUMENT#) | 7. F. J. |
| 3. | | | |
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| 5 | | | |
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| (| CORPORATE NAME AND I | OOCUMENT #) | |
| SPECIAL | INSTRUCTIONS: | | |
| | | | |
| | | | |

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

| SUBJECT: VOUNG King Auto Sale Inc. PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) | | | | | | |
|---|---|--|--|--|--|--|
| Enclosed are an original and one (1) copy of the articles of incorporation and a check for: | | | | | | |
| □ \$70.00 □ \$78.75 Filing Fee Filing Fee & Certificate of Status | S78.75 S87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED | | | | | |
| FROM: Best Lien Sepu, Haven Oliva 39 Name (Printed or typed) | | | | | | |
| 7290 Sw 41 St. Address | | | | | | |
| Miami, H. 33/55 City, State & Zip | | | | | | |
| (305) 262-8813 Daytime Te | lephone number | | | | | |
| Best Jon Services Inc. @ GnAil. dom F-mail address: (to be used for future annual report politication) | | | | | | |

NOTE: Please provide the original and one copy of the articles.

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

| ARTICLE I NAME The name of the corporation sh | all be: Young | King | Auto | Sale | HI | e. | |
|---|------------------------------------|--------------|----------------|----------------|-----------|-------------|-------|
| ARTICLE II PRINCIPAL Princ | OFFICE pal street address | J | | Aailing addres | | | |
| 2695 PW 14 | 15t. | | 2695 | NW | 14/5 | £ | |
| Opglocka, A | 33054 | _ | | ocka, | | | 054 |
| ARTICLE III PURPOSE The purpose for which the cor | poration is organized is: _ | | | | | | |
| Any and All | Laufol K | Busines | 55 | | | | |
| | | | | | = 1, | 7024 | |
| | | | | | : : | Ē | 1 E E |
| ARTICLE IV SHARES The number of shares of stock | s: <i> 00</i> | | - | | 100 10 TO | 81 NH 9: 47 | |
| ARTICLE V INITIAL OF | FICERS AND/OR DIRECTLY ROAD ASSUAN | TORS | 1/059 | MS. | ::: | - | |
| Name and Title: DC | yron hesvan | (10) 719 Mai | nc and Title:_ | | | | |
| Address | 195 NW 141 | PNES. Ad | dress: _ | | | | |
| <u> </u> | oglocka, Fl. | .3305Y | [- | | | | |
| Name and Title: | | Nar | ne and Title:_ | | | | |
| | | | | | | | |
| | | | - | | | | |
| Name and Title: | | Nar | ne and Title:_ | | | | |
| 4 4 4 | | | | | | | |
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| | | | _ | | | | |

| . Name a | and Title: Name and Title: | |
|--|---|--------------|
| Addres | | |
| | | |
| | | |
| ARTICLE VI | REGISTERED AGENT | |
| Name: | Florida street address (P.O. Box NOT acceptable) of the registered agent is: Daynon Assuan Coffigny (1989198 | |
| Address: | 2695 NW 141 St. | |
| | Opalocka, Fl. 33054 | |
| | INCORPORATOR | |
| The <u>name and ad</u> | ddress of the Incorporator is: | |
| Name: | DAYRON ASSURN COFFIGNY CASGNAS | |
| Address: | 2695 NW 14/ 87. | |
| | _DP960CH9, Fl. 33054 | |
| ARTICLE VIII | EFFECTIVE DATE: 01her than the date of filing: 17/30/2024 (OPTIONAL) | |
| (If an effective defiling.) | ate is listed, the date must be specific and cannot be more than five days prior or 90 days after it | ne) |
| Note: If the date i | inserted in this block does not meet the applicable statutory filing requirements, this date will not be lifective date on the Department of State's records. | क sted as |
| Having been name | ed as registered agent to growt against a Court | |
| 7 | imiliar with and accept the appointment as registered agent and agree to act in this capacity. | <u>.</u> |
| | Required Signature/Registered Agent Required Signature/Registered Agent | 24 |
| I submit this docu document to the Do | ment and affirm that the facts stated herein are true. I am aware that the false information submits epartment of State constitutes a third degree felony as provided for in \$.817.155, F.S. | ted in a |
| D | 00 lb | / |
| Required Signature | Date Date | 24 |