Document Number Only 000019993 Juan A. Salus Requestor's Name 15475 SW 144 Place Address Minmi, F1 33177 City State Zip Phone CORPORATION(S) NAME AMERICAN PARTS & EQUIPMENT, · x(x)x Profit () NonProfit () Amendment () Merger () Foreign () Dissolution/Withdrawal () Mark () Limited Partnership () Annual Report () Other () Reinstatement () Reservation () Change of R. () Certified Copy () Photo Copies () CUS () Call When Ready () Call if Problem () After 4:30 () Walk in () Will Wait () Pick Up () Mail Out Name Avallability Document Examiner Updater Verifier Acknowledgment W.P. Verifler CR2E031 (1-89)

ARTICLES OF INCORPORATION

ARTICLES I NAME

THE NAME OF THIS CORPORATION IS AMERICAN PARTS & EQUIPMENT, CORP. and the mailing address is 15475 SW 144 Place, Miami, F1 33177.

ARTICLE II DURATION

This corporation shall have a perpetual existence, unless dissolved according to law.

ARTICLE III

PURPOSE

This corporation is organized for the purpose of transacting any or all business for which corporation may be incorporated under the Florida General Corporation Act.

ARTICLE IV CAPITAL STOCK

This corporation is authorized to issue Five Hundred (500) shares of One Dollar (1.00) Par value common stock, which shall be designated "COMMON SHARES."

ARTICLE V INITIAL REGISTERED OFFICE & AGENT

The street address of the initial registered office of this corporation is 15475 SW 144 Place Miami , Florida, 33177 , and the name of the initial registered agent of this corporation at that address Juan A. Salas.

ARTICLE VI INITIAL BOARD OF DIRECTOR(S)

This corporation shall have (3) (three) Director(s) initially. The number of Director(s) may be either increased or decreased from time to time by the By-Laws, but shall never be less than one. The name(s) and address(es) of the initial Director(s) of this corporation is/are:

Juan A. Salas 15475 SW 144 Place Miami, Fl 33177

Miriam E. Salas 15475 SW 144 Place Miami, F1 33177

Marcos F. Salas 15475 SW 144 Place Miami, Fl 33177

ARTICLE VII INDEMNIFICATION

To the full extent permitted by law, the corporation shall indemnify each person made or threatened to be made a party to any threatened, pending or completed action, suit, or proceeding, whether civil, criminal, administrative or investigative (including, one in the right of the corporation to precure a judgement in its favor) by reason of the fact that her or his testator or intestate, is or was a director, officer, employee or agent of the corporation or served any other corporation, partnership, joint venture, trust, or other enterprise in any capacity, at the request of the corporation.

ARTICLE VIII OFFICERS

The officers of this corporation shall be as follows:

Juan A. Salas Miriam E. Salas Marcos F. Salas President
Vice President
Secretary & Treasurer

ARTICLE IX INCORPORATORS(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is/are as follows:

Juan A. Salas 15475 SW 144 Place Miami, Fl 33177

The undersigned incorporator	(s) ha	s/have executed	these
Articles of Incorporation on	this	8	day of
March	,	1995.	

STATE OF FLORIDA)
COUNTY OF DADE)

BEFORE ME, notary public authorized to take acknowledgments in the state and county set forth above personally appeared

Juan A. Salas
known to me and known by me to be the person who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed those Articles of Incorporation.

My commission expires:

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CERTIFICATE DESIGNATION PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 48.091 Florida Status, the following is submitted, in compliance with said Act:

First -- That AMERICAN PARTS & EQUIPMENT, CORP.

desiring to organize under the laws of the State of Florida
with its principal office, at 15475 SW 144 Place
City of Miami , County of Dade, State of
Florida, has named Juan A. Salas
located at 15475 SW 144 Place
City of Miami , County of Dade, State of
Florida, as its agent to accept service of process of within
this state.

Having been named to accept ervice of process of the above stated corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

BY:

Junion

	PI FASE READ	TPML LIA	RUCTIONS	BEFORE C	OMPLETI	NG THIS FORM	
PLEASE READ ALL INSTRUCTIONS BEFORE C APPLICATION FOR REINSTATEMENT PLEASE READ ALL INSTRUCTIONS BEFORE C FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		그들은 그는 그는 그는 것으로 그는 그는 그는 사람들이 되었다. 그 사람들이 가장 하지만 그렇게 하지만 하지만 하지만 하지만 다른데 모양한 생각이 없다. 그림은					
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1. Corporat	tion Name ICAN PARTS & EQUIPM	ENT. CO	RP.		SE TAL	CRETARY OF STATE LAHASSEE, FLORIDA	
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Principal Place of Business Mailing Address 15475 SW 1447H PLACE 15475 SW 1447H PLACE							
MAMI FL 33177 MAMI FL 33177					· //.		
	ddresses are incorrect in any way, line thro ncipal Office Address, If Applicable		ormation and enter c		REINS	TATEMENT Praid or Qualified	010
Suite, Apt.	*, etc.	Suito, Apt. #, e	elc.		To Do Busin	·	10/1995
City & State		City & State	<u> </u>		65-056 2349		Applied For Not Applicable
Zip	Country	Zip	Country		6. CERTIFICATE	OF STATUS DESIRED	h x 1
	and Street Addresses of Each Officer and/o Name of Officers	or Director (Flor	Stre	et Address of Each		City / State	/7ia
1 DP	Ille(s) 2 Officer and/or Directors 3 (Do NOT Use Post Office Bo		B Post Office Box N	lumbers)	MAMI FL 33177	77 Zip	
	SALAS, Pink A	15475 SW 144TH PLACE					
DV	SALAS, MIRIALI E	15475 SW 144TH FLACE		H PLACE		MAMI FL 33177	
DST	SALAS, MARCOS F	15475 SW 144TH PLACE		H PLACE		MAMI FL 33177	
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						****383.75	*****383.75
			106/11/11				71-9.
	8. Name and Address of Current F	legistered Age	ıt		9. Name and A	Iddress of New Registered Ag	y / /
SALAS, JUAN A Street Address (P.O. Box Number is Not Acceptable)				(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
15475 SW 144TH PLACE		Suite, Apt. #, Etc.					
City State Zip Code				Zip Code			
10. I, being appointed the legistered agent of the above name, corporation, am familiar with and accept the obligations of Section 607.0505, F.S.							
Signature of Registered Agent Date Registered Agent Agent Must Sign							
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No							
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees							
owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my significant shall have the same legal effect as if made under oath.							
SIGNATURE SALVEY SOLVERED							
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR Date Daytime Priore #							
							