4/20/9	5000	Charter Number Only 23/408
Mani Requestor's Name	REVIEN	
Address City State	ZIP Phone	O N V SOCOD146216: -04/21/9501041001 *****245.00 *****122.50
CORPOR	ATION(S) NAME	
NEE	USED PI	ORTS, INC.
	<u> </u>	
		- m o
Profit NonProfit	() Amendment	() Merger
) Foreign	() Dissolution	
	() Annual Report	() Uther
) Limited Partnership		
) Reinstatement	() Reservation	() Change of Registered Agent
) Reinstatement) Certified Copy) Call When Ready		() Change of Registered Agent () () Certificate Under Seal
) Reinstatement) Certified Copy) Call When Ready) Walk in () ne lisbility vment miner	() Reservation () Photo Copies () Call If Problem Will Walt () Pick (() After 4:30 E 17 Up () Mail Out 2
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) Reinstatement) Certified Copy) Call When Ready	() Reservation () Photo Copies () Call If Problem Will Walt () Pick (() After 4:30 E 17 Up () Mail Out 2

	of	
N¢ e	EUSED PARTS, (name of corporation)	INC.
The undersigned subscriber(s) to these / corporation under the laws of the State c	Articles of Incorporation, natural person(s) co of Florida.	nipetent to contract, hereby form a
The name of the corporation is:	ARTICLE I - CORPORATE NAME	
N E	E USED PARts,	INC.
/	ARTICLE II • DURATION	
This corporation shall exist perpetually (unless dissolved according to Florida law.	
	ARTICLE III - PURPOSE	
The corporation is organized for the purp Inited States and the State of Florida,	pose of engaging in any activities or business	permitted under the laws of the
	ARTICLE IV- CAPITAL STOCK	
	ARTICLE IV- CAPITAL STOCK	

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	NELSON	A. MARRERD	
ADDRESS	640 SIL	189CT	
СІТҮ	MIACHI	FLORIDA	ZIP 33/74

The principal office, if known, or the mailing address of the corporation is:

4

NAME	NELSON	J A.	MARRE	ROY	N	ΥE	USED PSZT	S, INC.
ADDRESS	640	SW	89	CT		,		
СІТҮ	MIAMI				FLO	RIDA		ZIP 33174

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have 2Nc (_____) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME BIPS Elect	TRONICS PARTE, C.A.	
	L JUNQUITO ENTRE KMS	142
CITY CARACIS	STATE DF.	ZIP /020
NAME		
ADDRESS		
CITY	STATE	ZiP
NAME		
ADDRESS		
СІТҮ	STATE	ZIP

ARTICLE VI I - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME NELSON A. MAR.	RERO	
ADDRESS 640 SW 89	CT	
CITY WITHMI	STATE FLORIDA	7 zip.33/74
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
СІТҮ	STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this ______ day of ______ 19_____.

, 1111 [[........]] (Seal) (Seal)

(Seal)

CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT OF

NEE USED PARTS, INC.

.,

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at <u>640 SW 89 CT</u> <u>MIANI, FIORIDA</u>. <u>33174</u> has named <u>NEISONH MARRERO</u>

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

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