

P9800006390

TRANSMITTAL LETTER

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

SUBJECT: PARTS MARKETING, Inc.

(Proposed corporate name - must include suffix)

300002435073--5
-02/19/98--01041--005
*****70.00 *****70.00

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: ABRIE BESTER

Name (Printed or typed)

4219 SPRING WAY CIRCLE

Address

VALRICO FL 33594

City, State & Zip

813 684 7099

Daytime Telephone number

FILED
FEB 19 PM 2:16
TALLAHASSEE, FLORIDA
DEPT. OF STATE

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

CB
2-19-98

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

PARTS MARKETING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4219 SPRING WAY CIRCLE
VALRICO, FL 33594

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10 000 (TEN THOUSAND)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

ABRIE BESTER
4219 SPRING WAY CIRCLE
VALRICO FL 33594

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

JACQUI BESTER
4219 SPRING WAY CIRCLE
VALRICO FL 33594



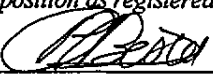
Signature/Incorporator

2/17/98

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent



Signature/Registered Agent

2-17-98

Date

FILED
98 FEB 19 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA