100031455 OFFICE LAZARUS CORPORATE FILING SERVICE, INC. (Requestor's Name) 3320 S.W. 87th AVENUE (Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Document #) (Corporation Name) Pick up time 2100 Walk in Certified Copy Certificate of Status Mail out Will wait Photocopy **AMENDMENTS NEW FILINGS** Amendment **Profit** Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILNGS QUALIFICATION Annual Report Foreign **Fictitious Name** Limited Partnership Name Reservation Reinstatement Trademark

Other

Examiner's Initials

Date MARCH 5, 1998

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

| Tallahassee, F | Fl. 32314 | | |
|---------------------------------|---|--|---------------------------------------|
| Re | EXPRESS PARTS LOCA | ATOR, CORP. | , Inc. |
| | (name of | corporation) | |
| Gentlemen: | | | |
| Enclosed plea check in the a | | ppy of Articles of Incorporation | , together with my |
| This represent | ts the cost of the Filing Fees, C tered Agent Designation for th | Certified Copy of Articles of In ne above named corporation. | corporation and |
| | Very tru | aly yours, | |
| | | (individual's | name) |
| | | EXPRESS PARTS LOCAT | ORS, CORP. |
| | | (name of cor | poration) |
| | | MAILING ADDRESS OF COR | PORATION ——— |
| | | 65 WEST 59 STREET | · · · · · · · · · · · · · · · · · · · |
| | | HIALEAH, FLORIDA 33 | 012 |
| | | PHONE , | |
| | | (305) <u>819–2024</u> Area Code Phone Number | Ext. |

ARTICLES OF INCORPORATION

EXPRESS PARTS LOCATOR, CORP

(name of corporation)

The undersigned subscriber(s) to these Articles of incorporation, natural person(s) competent to contract the form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

EXPRESS PARTS LOCATOR, CORP.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

) of __ONE The corporation is authorized to issue ____FIVE HUNDRED____ shares (500) par. value Common Stock, which shall be designated "Common Shares". Dollar(s) (\$ 1.00

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 | JONNY LOPEZ | | | | | |
|---------|-------------------|-------|---------|-----|-------|------|
| ADDRESS | 65 WEST 59 STREET | | | | | |
| CITY | HIALEAH | STATE | FLORIDA | ZIP | 33012 | |

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

| NAME | EXPRESS PARTS LOCATOR, | CORP. | | | <u>-</u> - | |
|---------|------------------------|-------|---------|-----|------------|------|
| ADDRESS | 65 WEST 59 STREET | | | | | |
| CITY | HIALEAH | STATE | FLORIDA | ZIP | 33012 | |

ARTICLE VI - INITIAL BOARD OF DIRECTORS

3 directors initially. The number of This corporation shall have directors may be either increased or diminished from time to time by the By-Laws, but shall be less thatn one (1). The names and addresses of the initial director(s) of the corporation are as follows:

| NAME | JONNY LOPEZ | PRESIDENT | 60% SHARE | |
|---------|---------------------|---------------|-----------|--|
| ADDRESS | 65 WEST 59 STREET | | | |
| CITY | HIALEAH | STATE FLORIDA | ZIP 33012 | |
| NAME | MARLENE LOPEZ V | ICE PRESIDENT | 20% SHARE | |
| ADDRESS | 65 WEST 59 STREET | | | |
| CITY | HIALEAH | STATE FLORIDA | ZIP 33012 | |
| NAME | NINOSKA ACOSTA OROZ | CO SECRETARY | 20% SHARE | |
| ADDRESS | 65 WEST 59 STREET | | | |
| CITY | HIALEAH | STATE FLORIDA | ZIP 33012 | |

Article VII - INCORPORATORS

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

| NAME | JONNY LOPEZ | | | | | · | |
|---|--|--|-----------|----------------------|-----------------------|------------------------------|---------------------------------------|
| ADDRESS | 65 WEST 59 STRE | ET | | | | | |
| CITY | HIALEAH | ST | ATE | FLORIDA | ZIP | 33012 | |
| NAME | MARLENE LOPEZ | | | | | | |
| ADDRESS | 65 WEST 59 STRE | ET | | | | | |
| CITY | HIALEAH | | ATE | FLORIDA | ZIP | 33012 | · |
| NAME | | | | | | · | |
| ADDRESS | | | | | | | |
| CITY | | ST | ATE | | ZIP | | |
| day of | WHEREOF, the under | 19 98 Andry 1 | | | , | | (Seal) (Seal) (Seal) |
| | | | | | | | (DCar) |
| STATE OF | FLORIDA | |) SS | • | | | |
| COUNTY | F MIAMI-DADE | | | | | | |
| before me, a personally a | a Notary Public authorizappeared: | zed to take acknow | nd MA | RLENE LOPE | EΖ | | rth above, |
| | en f | | F | L DL #L120 | | | · · · · · · · · · · · · · · · · · · · |
| | Signature. | | | | Form of Id | | |
| | ALUM A SILVER | | F | L DL#L120- | | -555-0 | |
| | Signature | | | | 701111 03 20 | | |
| | Signature | | | | Form of Ide | ntification | |
| known to me and me that of the above name | known to be the person(s) wh THEY exect ed person as indicated of | o executed the foregoing ted these articles of Inc opposite each name, and | orporatio | n, that I relied upo | n the form _ | rledged before of identif | fication |
| OFFICIA JOI NOTARY PUBL | RUBBER STAMP SEAL L NOTARY SEAL RCE BANOS IC STATE OF FLORIDA ION NO. CC610953 | | 5 | and official seal i | n the County MARCH | y and State last | 98- |
| MY COMMISS | SION EXP. JAN. 14,2001 | Notary | Signiture | JORGE BA | ANOS | | |

Primed Notary Signiture

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT **OF**

EXPRESS PARTS LOCATOR, CORP.

(name of corporation)

| The: | above corporation | n, desiring to s indicated in | ns 48.091 and 607.03 organize under the I the Articles of Incor | 501, the following is submitted: aws of the State of Florida with poration |
|------|-------------------|----------------------------------|---|--|
| | HIALEAH, | FLORIDA | 33012 | |
| | named | NY LOPEZ | ite Registered Agent | to accept service of process |
| | ed at the aforesa | id 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.

(registered agent)

FORM 215: CERTIFICATE & ACKNOWLEDGEMENT REGISTERED AGENT

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