

TRANSMITTAL LETTER

P99000047205

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

700002881587--9

-05/20/99--01094--004

\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Amerispares Inc.  
(Proposed corporate name - must include suffix)

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: Manuel Diaz  
Name (printed or typed)

2726 SW 28 AVE  
Address

MIA, FL 33133  
City, State & Zip

305-443-1131  
Daytime Telephone number

FILED  
99 MAY 20 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

T. SMITH MAY 25 1999

## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

*Amerispares Inc.*

### ARTICLE II PRINCIPAL OFFICE

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

*2726 SW 28 AVE  
MIAMI, FL 33133*

### ARTICLE III SHARES

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

*100 shares no-par value*

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*Manuel Diaz  
2726 SW 28 AVE  
MIAMI, FL 33133*

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ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Manuel Diaz  
2726 SW 28 AVE  
Miami, FL 33133  
President, Treasurer  
& Secretary

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

14 day of May, 19 99.

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

Manuel Diaz  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA

1. The name of the corporation is:

AmeriSpares Inc.

2. The name and address of the registered agent and office is:

Manuel Diaz  
(NAME)

2726 SW 28 AVE  
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

MtA, FL - 32133  
(CITY/STATE/ZIP)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 MAY 20 AM 11:09

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*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.*

Manuel Diaz  
(SIGNATURE)

5/14/99  
(DATE)