F0900001509

(Requestor's Name)		
(Address)		
, ,		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



800149611248

04/13/09--01041--002 **87.50

SECRETARY OF STATE



COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: The AutoMoto, Com (Name of corporation)	Corporation n - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for "Certificate of Existence," and check are submitted to r to transact business in Florida.		
Please return all correspondence concerning this matter	to the following:	
Stephan Attar		
(Name of Person)		
The Automoto, com Confocation		
(Firm/Company)		
269 S. Poevesly 70# 960		
(Address)		
Bevesly Hills CA 90212		
City/State and Zip code)		
For further information concerning this matter, please of	all:	
Stephan Attas at (310) 601-7270		
(Name of Person) (Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
New Filing Section Division of Corporations	New Filing Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314	
Enclosed is a check for the following amount:		
□ \$70.00 Filing Fee □\$78.75 Filing Fee & □ Certificate of Status	\$78.75 Filing Fee & Certified Copy Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated) (FEI number, if applicable) (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) DC #960 Beverly Hills (Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Name: Office Address: 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

APPRUVI. AND FILED

12. Names and business addresses of officers and/or directors: 09 APR 13 PH 2: 08 A. DIRECTORS SECRETARY OF STATE TALLAHASSEE, FLORID Bevely Hills Ct 902/2 Address: __ Address: B. OFFICERS Address: 14937 Dickous st \$20 Shoman Oaks CA 91403 Secretary: Gry Cohen Address: 14937 Dickers Station Shaman oaks on 91403 Treasurer: Address: _____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. _____ (Signature of Director or Officer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)

APPRUVE

State of California

09 APR 13 PM 2: 08 Secretary of State TALLAHASSEE, FLORIDA

CERTIFICATE OF STATUS

ENTITY NAME:

THEAUTOMOTO.COM CORPORATION

FILE NUMBER:

C3128140

FORMATION DATE:

08/22/2008

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 30, 2009.

> DEBRA BOWEN **Secretary of State**