711000002764

(Requesto	r's Name)	
(Address)		
(Address)		
(City/State	e/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Business	Entity Name)	
(Documer	nt Number)	
Certified Copies	Certificates of S	tatus
Special Instructions to Filing	Officer:	
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Offi	ce Use Only	



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T. Burch JUL ... Z 2004

COVER LETTER

	iling Section on of Corporation	ons		
SUBJECT:	Automas	1 of F	A, Inc. ation - must include suffi	
		Name of corpor	ation - must include suffi	x
Dear Sir or Ma	dam:			
"Certificate of	Existence," or "		Standing" and check are	nsact Business in Florida," submitted to register the
			atter to the following:	
Christo	pher E	temad Nam	e of Person	
Automa	1X 0+	PA, Inc.	e of Person Company # 2208 Address	
8220	Cleary	Blud	# 2208	
Planta	tion	FL	Address 33324 ate and Zip code	
1		Chy/Si	ate and Zip code	
metem	<i>a O 6</i> E-n	<i>yahoo. Co.</i> afil address: (to be u	m sed for future annual repo	ort notification)
		ning this matter, ple		
Christo, Name	nher E- of Person	t <u>emad</u> at (<u>21</u>	<u>5</u>) <u>4/0-67</u> rea Code & Daytime Tel	ephone Number
New Fi Divisio Clifton 2661 E	STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		g Section f Corporations 5327	
Enclosed is a cl	neck for the foll	owing amount:	,	
\$70.00 Fil	ing Fee \$7	78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy



June 29, 2011

CHRISTOPHER ETEMAD 8220 CLEARY BLVD #2208 PLANTATION, FL 33324

SUBJECT: AUTOMAX OF PA, INC.

Ref. Number: W11000034878

We have received your document for AUTOMAX OF PA, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch Regulatory Specialist II

Letter Number: 011A00015687

I hereby reaffirm my action to disassociate Automax of PA, Inc. as a Florida Profit Corporation. I have no desire to have Automax of PA, Inc. as a Florida Profit Corporation. I will not revoke my act of disassociating Automax of PA, Inc. as a Florida Profit Corporation.

This packet of papers hereby reaffirms my desire to file for Automax of PA, Inc. to be a Foreign Profit Corporation to transact business in Florida. My signature on this paper and on the other attached documents represents my intention to file Automax of PA, Inc. as a Foreign Profit Corporation in the State of Florida.

Signature: Christopher J. Etemad

Date: 06/24///

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.
Automay of PA. The
1. Automax of PA, Inc. (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)
2. <u>Penn Sy Ivania</u> 3. <u>20 - 828 15-86</u> (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/05/107 (Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
6.
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 5826 Funston Street, Holly wood, FL, 33023 (Principal office address)
4421 Aramingo Avenue, Philadelphia, PA, 19124 (Current mailing address)
8. Expansion of company to finance automobiles (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Christopher Etemad
Office Address: 5826 Funston Street
Holly wood , Florida 33023 (City) (Zip code)
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 havely assent the appointment as registered agent and agree to get in this appointment.

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.

(Registered agent's signature)

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.

12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: Christopher Etemad
Address: 3142 Aviamar Circle Unit #201
Naples, FL, 34114
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: Chris topher Etemad
President: Chris topher Etemad Address: 3142 Aviamar Circle Unit #201
Naples, FL, 34114
Vice President:
Address:
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. **Chustopher** f. **Etemal** 13. **Chustopher** f. **Etemal** 13. **Chustopher** f. **Etemal** 14. **Etemal** 15. **Chustopher** f. **Etemal** 16. **Etemal** 17. **Etemal** 18. **Chustopher** f. **Etemal** 18. **Etemal** 19.
Signature of Director or Officer
The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes at third degree felony as provided for in s.817.155, F.S.
14 Christopher Etemped Chairman and President

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

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

JUNE 23, 2011

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

AUTOMAX OF PA, INC.

is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Certificate of Good Standing shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Certification Number: 9623381-1

Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp