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(Re	equestor's Name)	
(Ac	dress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	= #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Consist Instructions to	Cities Officer	
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

JUL 0.7 2015 J. BRUCE

<i>₹</i>		COVER	LETT	ER			
TO: Registration Division of C							
	ase Inc.						
SUBJECT:	Name	of corporation	on - mus	t include suffix			
Dear Sir or Madam:							
The enclosed "Application "Certificate of Exister above referenced fore	nce," or "Certificate	e of Good St	anding"	and check are sub	act Business in bmitted to regi	Florida, ster the	,,
Please return all corre Donna LaBella	espondence concern	ing this matt	er to the	following:			
AutoBase Inc.		Name o	f Person				
		Firm/Co	mpany	· · · · · · · · · · · · · · · · · · ·			
104 Morris Lane	· •						
Massapequa Park, NY	11762	Add	ress		SECRE ALLAH	ال 2015	
donna@autobasecorp.co	om	City/State	and Zip	code	ASSEE	-	
For further informatio		·		re annual report i	notification) STATE	P 12: 02	Ö
Donna LaBella		877 at (642	-5780			
Name of Pers	son	Area Co	<u>de</u>)	Daytime Telep	hone Number		
Registration S Division of Co Clifton Buildi	orporations ng ve Center Circle	S:		MAILING Al Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations		
Enclosed is a check fo \$70.00 Filing Fee	r the following amo \$78.75 Filing Certificate o	g Fee &		5 Filing Fee & ied Copy	\$87.50 F Certifica Certified	ite of Sta	

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. AutoBase 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) New York (State or country under the law of which it is incorporated) (FEI number, if applicable) 02/17/2000 (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 104 Morris Lane, Massapequa Park, NY 11762 (Principal office address) same as above (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Jonathan Wilkes Name: 145 Cunningham Avenue Office Address: St. Augustine , Florida (City) 9. 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 und 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.

10. Attached as 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.

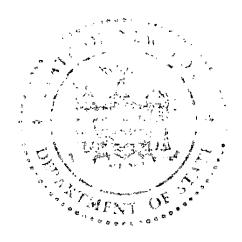
(Registered agent's signature)

11. Names and business addresses of officers and/or directors:

A. DIRI	CTORS			
Chairman:	Donna LaBella			
Address:	104 Morris Lane, Massapequa Park, NY 11762			
-	Peter Scotti			
	man:			
Address:	162 N. Detroit Avenue, Massapequa, NY 11758			
– Director:	Joseph LaBella			
	104 Morris Lane, Massapequa Park, NY 11762			
_		.		
3. OFFI	CERS		·	<u> </u>
resident:	Donna LaBella			
	04 Morris Lane, Massapequa Park, NY 11762	TAL	201	
_		AR	- -	<u> </u>
ice Presid	Peter Scotti ent:	TAR ASS	1 .	
	62 N. Detroit Avenue, Massapequa, NY 11758	E. A	7)	m
		STA LOR	ぃ	0
ecretary:	Joseph LaBella	DA.	02	
	04 Morris Lane, Massapequa Park, NY 11762			•
reasurer:	Joseph LaBella	·		
	04 Morris Lane, Massapequa Park, NY 11762			
OTE: 1	hecessary, you may attach)an adjlendum to the application listing additional office	cers and/or	director	rs.
The office re true an third deg	Signature of Director or Officer or or director signing this document (and who is listed in number 11 above) affirm that he or she is aware that false information submitted in a document to the De tree felony as provided for in s.817.155, F.S. LaBella, President			
٥	(Typed or printed name and capacity of person signing application)			

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of AUTOBASE INC. was filed on 02/17/2000, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



* * *

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 16th day of June two thousand and fifteen.

Executive Deputy Secretary of State