F1600001942

| (Re | equestor's Name) | | | |
|---|--------------------|-------------|--|--|
| (Ac | idress) | | | |
| (Ac | idress) | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Ви | usiness Entity Nar | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | : | | |
| | | | | |

Office Use Only



000284870720

04/26/16--01037--018 **87.50

ZEIS APR 26 A 9:58
-- CRETARY OF STATE
-- CALLASSEEL FLORIDA

APR 27 2016

3 MASON

COVER LETTER

| то: | _ | ion Section of Corpora | | | | | |
|---|--------------------------|--|----------------------------------|-----------------------------|-----------|---|--|
| SUBJ | ECT: | ito Enterpri | ses Inc. | | | | |
| | | | Name | of corporatio | n - must | include suffix | |
| Dear S | Sir or Mada | m: | | | | | |
| "Certi | ficate of Ex | istence," | | of Good Sta | nding" a | and check are sub- | t Business in Florida," nitted to register the |
| | return all o Trupiano | correspond | ence concerni | ng this matte | er to the | following: | |
| - | • | | | Name of | Person | () () () () () () () () () () | |
| Auto E | Enterprises I | nc. | | | | | |
| 1369 N | l. Killian Di | Suite 2 | | Firm/Cor | npany | | |
| | | | , | Addı | ess | | |
| Lake P | ark, FL 334 | 03 | | | | | |
| phil@a | uto-enterpr | ises.com | | City/State | and Zip | code | |
| | | E | -mail address | : (to be used | for futu | re annual report n | otification) |
| For fu | rther inform | nation con | cerning this m | atter, please | call: | | |
| · · · | | 586 at (| 770 | 770-7637 | | | |
| Name of Person | | | Area Coo | de Daytime Telephone Number | | one Number | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | | | | |
| Enclos | ed is a che | ck for the | following amo | ount: | | | |
| □ \$70 |).00 Filing | Fee 🗖 | \$78.75 Filing Certificate of | | | 5 Filing Fee & Ted Copy | ■ \$87.50 Filing Fee, 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.

| 1. | Auto Enterprise | s Inc. | | | | | | |
|-----------------|----------------------------------|---|------------------------------------|--|--|--|--|--|
| (| Enter name of color.," "Co.," "C | orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.") | "COMPANY," "CORPORATIO | ON," | | | | |
| | Auto Enterprise | s MI Inc. | | | | | | |
| (| If name unavails | able in Florida, enter alternate corporate name a | dopted for the purpose of transact | ting business in Florida) | | | | |
| 2. | Michigan | 2 | 38-2773778 | | | | | |
| _ | 5-27-1987 | y under the law of which it is incorporated) | (FEI number, if applicable) | | | | | |
| 6. | (Date | of incorporation) 5. | (Date of duration, if other | (Date of duration, if other than perpetual) | | | | |
| 7. <u> </u> | | (SEE SECTIONS 607.1501 & 607.150 Troy, MI 48084 (Principa | al office address) | | | | | |
| _ | | (Current mailing | g address, if different) | (≈ as cates | | | | |
| 8. 1 | Name and <u>stree</u> Name: | et address of Florida registered agent: (P.O. Philip Trupiano | . Box <u>NOT</u> acceptable) | THE STATE OF THE S | | | | |
| Office Address: | | 1369 N. Killian Dr Suite 2 | | A G | | | | |
| | | Lake Park | 33403 , Florida | ATE RIDA | | | | |
| | | (City) | (Zip code) | | | | | |

9. Registered agent's acceptance:

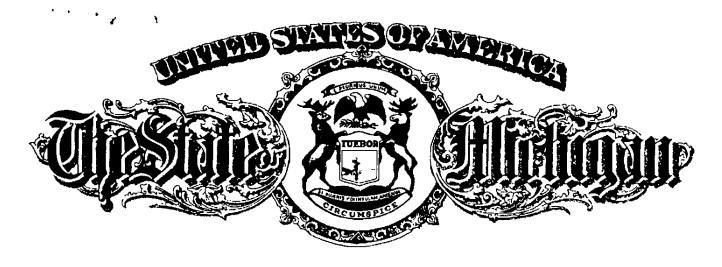
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

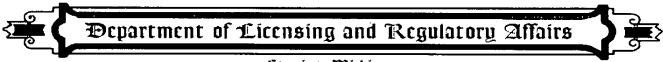
(Registered agent's signature)

10. 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.

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

| A. DIRE | CCTORS | | | | |
|------------|--|---|------------|-----------------------------------|-------------|
| Chairman: | n/a | | , | | |
| Address: | | | | | |
| _ | | | | | |
| Vice Chai | rman: | | | | |
| | | | | | |
| | | | | | |
| Director: | | | | | |
| | | | | | |
| ridaress. | | | | | |
| D | | | | | |
| | | | | | |
| Address: _ | | | | | |
| | | | 1 11 194 | | |
| B. OFFI | | 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 | 675 | and June | |
| President: | Philip Trupiano | | <u>647</u> | 17 MILENA | |
| | 1695 Stutz Drive | | <u>ه</u> | 1000 | • |
| | Troy, MI 48084 |)- - S | Þ | | , |
| Vice Presi | n/a dent: | TATE ORID | Ω, | | |
| | | | | | * |
| Address. | | | ···- | | . <u></u> . |
| Secretary: | Philip Trupiano | | | | |
| - | 1695 Stutz Drive, Troy, M1 48084 | | | | |
| Treasurer: | n/a | | | | |
| Address: | | | | | |
| NOTE: 1 | If necessary, you may attach an addendum to the application listing additional off | icers an | d/or dir | rectors | |
| 12. | Pay fire | | | | |
| | Signature of Director of Officer | | | | |
| | er or director signing this document (and who is listed in number 11 above) affirm nd that he or she is aware that false information submitted in a document to the D | | | | |
| | gree felony as provided for in s.817.155, F.S. | | , 01 0 | • • • • • • • • • • • • • • • • • | u.v3 |
| 13 | Philip Trupiano presi | dent | <u>_</u> | | |
| | (Typed or printed name and capacity of person signing application | .) | | | |





Lansing, Michigan

This is to Certify That

AUTO ENTERPRISES, INC.

was validly incorporated on May 27, 1987, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 15th day of April, 2016.

ulia Dale

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau