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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

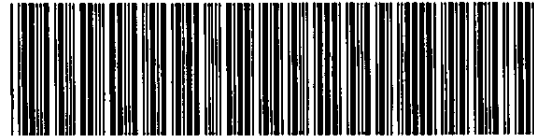
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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA
17 JAN -3 AM 8:48

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AW COLLISION GA INC

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

HADI AWAD

Name of Person

AW COLLISION INC

Firm/Company

1729 JUNCTION AVE

Address

SAN JOSE /CA 95112

City/State and Zip code

hadi.awad@awcollision.com / alex.assts@awcollision.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

<u>hadi awad /alex assts</u>	<u>408</u>	<u>715-1200</u>
Name of Person	Area Code	Daytime Telephone 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

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 | ☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|---|---|---|

FILED
CLERK OF DISTRICT COURT
TALLAHASSEE, FL 32301
17 JAN -3 AM 8:48

**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. AW COLLISION GA 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. DELAWARE

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. 08/05/2016

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. 02/01/2017

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6211-6215 IDLEWILD ST ,FORT MYERS ,FL 33966

(Principal office address)

1729 JUNCTION AVE .SAN JOSE .CA 95112

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Alex Astts

Office Address: 6211-6215 IDLEWILD ST

FORT MYERS, Florida 33966

(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.

Alex Astts

(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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: RICK ALI

Address: 339 Harbor way ,South San Francisco ,CA 94080

Vice Chairman: _____

Address: _____

Director: Alex Astts

Address: 339 Harbor Way ,South San Francisco ,CA 94080

Director: _____

Address: _____

B. OFFICERS

President: Bobby Ali

Address: 1729 Junction ave ,San Jose ,CA 95112

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

Alex Astts
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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 a third degree felony as provided for in s.817.155, F.S.

13. _____

Alex Astts / Director
(Typed or printed name and capacity of person signing application)

17 JAN -3 AM 8:48
SECRETARY
ALIA HAS
17 JAN -3 AM 8:48

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "AW COLLISION GA INC" IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS
OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF DECEMBER, A.D.
2016.

17 JAN -3 AM 8:48
SECRETARY OF STATE
DELAWARE



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SR# 20167131036

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 203547092

Date: 12-20-16