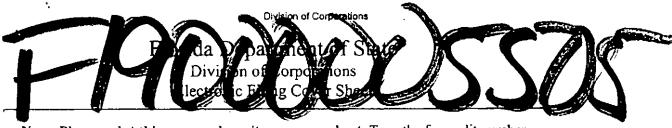
12/12/2019



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(((H19000358443 3)))



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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : FOX ROTHSCHILD LLP

Account Number : I20130000024 Phone : (215)299-2162

: (215)299-2150 Fax Number

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imirandar

FOREIGN PROFIT/NONPROFIT CORPORATION

Classic Collision Boca, Inc.

Certificate of Status	0
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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.

orporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.")	OMPANY," "CORPORATION,"		
ble in Florida, enter alternate corporate name adop	ted for the purpose of transacting business in Flo	rida)	
84-: 3.			
under the law of which it is incorporated)	(FEI number, if applicable)		
5.			
of incorporation)	(Date of duration, if other than perpetual)		
(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,	rida, if prior to registration) F.S., to determine penalty liability)		
oad, Sandy Springs, FL 30328			
(Principal office g	treet address)		
		C-3:	
(Current mailing ad	dress, if different)	can CD)	-
		. ;	
	ox NOT acceptable)	\sim	
Corporate Creations Network, Inc.	_	,	,
11380 Prosperity Farms Road, Suite 221E		Ŋ	
	- 22410	ယ	
Palm Beach Gardens	_ , Florida		
(City)	(Zip code)		
ed as registered agent and to accept service of application, I hereby accept the appointment omply with the provisions of all statutes relat	t as registered agent and agree to act in this ive to the proper and complete performance	: сараси	ty. I
	y under the law of which it is incorporated) 5	y under the law of which it is incorporated) (FEI number, if applicable) (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) pad, Sandy Springs, FL 30328 (Principal office street address) (Current mailing address, if different) (Current mailing address, if different) (Current mailing address, if different) (Corporate Creations Network, Inc. 11380 Prosperity Farms Road, Suite 221E Palm Beach Gardens (City) (City) (City) (Cip code) (City) (Cip code)	(Current mailing address, if different) Corporate Creations Network, Inc. 1380 Prosperity Farms Road, Sulte 221E Palm Beach Gardens (City) (City)

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.

To: Page 4 of 5

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A. DIRECTORS							
DChairman	Alex B. Kaufman Name:	Chairman	Name:				
□Vice Chairman	Address:	☐ Vice Chairman	Address:				
□Director	Suite 1500	□Director					
□President	Atlanta, GA 30309	President					
□Vice President		☐ Vice President					
Secretary	☐ Treasurer	☐ Secretary		☐Treasurer			
@Other	ed Rep Other	Other		Other			
□Chairman	Name:	☐ Chairman	Name:				
□Vice Chairman	Address:	□ Vice Chairman	Address:				
Director		□Director					
☐President		President					
□Vice President		☐ Vice President					
☐ Secretary	☐ Treasurer	Secretary		☐Treasurer			
□Other	□Other	Other		Other :			
				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
□ Chairman	Name;	☐ Chairman	Name:				
□Vice Chairman	Address:	☐ Vice Chairman	Address:	<u></u>			
□Director		☐ Director		<u></u>			
□President		President	<u></u>				
□Vice President		☐ Vice President					
☐ Secretary	☐Treasurer	Secretary		☐ Treasurer			
□Other	Other	□Other		☐ Other			
individuals may be	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment to the index when filing your Florida Department	ent of State Annual R	eport form.				
12.	May B. Jan F. Signature of Director of	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 B. Kaulman, Authorized Representative

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Control Number: 19147934

# STATE OF GEORGIA

## Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Classic Collision Boca, Inc.
a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 18206079
Date Inc/Auth/Filed: 11/05/2019
Jurisdiction : Georgia

Print Date : 12/10/2019 Form Number : 211

Bred Raffengeger

Brad Raffensperger Secretary of State