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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MOTOMART CORPORATION	
	on - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation fo "Certificate of Existence," or "Certificate of Good Sta above referenced foreign corporation to transact busing	anding" and check are submitted to register the
Please return all correspondence concerning this matter	er to the following:
JOSEPH MAHER	
Name o	f Person
MOTOMART CORPORATION	
Firm/Co	mpany
1037 28TH ST.	
Add	ress
ORLANDO, FL 32805	
City/State	and Zip code
JPMAHER@GMAIL.COM	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
JOSEPH MAHER 407	de Daytime Telephone Number
Name of Person Area Co	de Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount: Please make check payable to: F1.ORIDA DEPARTMEN \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	T OF STATE □ \$78.75 Filing Fee & □ \$87.50 Filing Fee. Certified Copy 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.

S			
DELAWARE 85-2530424		3. 85-2530424	
under the law of which it is incorporated)	(FEI number, if applicable	:)	
5.			
fincorporation)	(Date of duration, if other than per	petual)	
RLANDO, FL 32805			
(Principal office	e <u>street</u> address)		
(Current mailing	address, if different)	1693	
address of Florida registered agent: (P.O.	Box NOT acceptable)		
KELLEY & ASSOCIATES, LLC		: 2 <u>1</u>	
1620 S. CL VDE MODDIS DI VID #100		·	
1020 S. CET DE MORRIS BEVD. 4100	<u> </u>	:. میر	
DAYTONA BEACH	, Florida ³²¹¹⁹		
(City)	(Zip code)	2	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 RLANDO, FL 32805 (Principal office (Current mailing address of Florida registered agent: (P.O. KELLEY & ASSOCIATES, LLC	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) RLANDO, Fl. 32805 (Principal office street address) (Current mailing address, if different) address of Florida registered agent: (P.O. Box NOT acceptable) KELLEY & ASSOCIATES, LLC 1620 S. CLYDE MORRIS BLVD. #100 DAYTONA BEACH (City) (City) (FEI number, if applicable (FEI number, if applicable) (Date of duration, if other than per dependence of the prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address)	

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.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

a. DIRECTORS JOSEPH MAHER Name: □Chairman □ Chairman 1037 28TH ST. □Vice Chairman Address: ☐ Vice Chairman ORLANDO, FL 32805 □ Director □ Director President □ President □ Vice President □ Vice President □ Secretary □Treasurer □ Secretary □Treasurer □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: _____ □ Director □ Director President □ President □Vice President □ Treasurer ☐ Secretary ☐Treasurer □ Secretary □Other _____ □Other _____ ☐Other ___ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals maybe added to the index when filing your Florida Department of State Annual Report form. 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. JOSEPH MAHER, PRESIDENT

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MOTOMART CORPORATION" 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 EIGHTEENTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MOTOMART CORPORATION" WAS INCORPORATED ON THE THIRTEENTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.

51159 . . . 54 1 6. 1.

Authentication: 203489272

Date: 08-18-20

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