F3000000005108

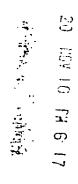
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status	_				
Special Instructions to Filing Officer:					

Office Use Only



800354599008

11/10/20--01015--021 **78.75



COVER LETTER

r_q,

TO:	Registratio Division of	n Section Corporations				
SUBJ	ECT: 1A A	auto, Inc.				
		Name	of corporat	ion - mus	t include suffix	
Dear S	ir or Madam	•				
"Certi	ficate of Exis		te of Good S	tanding"	and check are sub	et Business in Florida," mitted to register the
Please	return all co	rrespondence concer	ning this ma	iter to the	following:	
Rob W	olske					
			Name	of Person	1	
IA Au	to, Inc.					
			Firm/C	ompany		
20 Mil	l St. Unit A1					
			Ac	dress		
Реррег	ell. Mass. 014	63				
		·-	City/Stat	e and Zip	code	
rwolsk	e@laauto.con					
		E-mail addre	ss: (to be use	d for fut	ire annual report i	otification)
For fur	ther informa	tion concerning this	matter, pleas	e call:		
Rob W	olske		978 at (76	4-6226 Daytime Telepl	
	Name of P	erson	Area C	ode	Daytime Telepl	hone 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		ection orporations 7
Please	ed is a check make check pa 0.00 Filing Fe	for the following an syable to: FLORIDA I see S78.75 Fili Certificate	DEPARTME ng Fee &	□ \$78.	FATE 75 Filing Fee & ified Copy	S87.50 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.

(Enter name of	corporation; must include "INCORPORATED	" "COMPANIV " "CODDODA"	TION "	—
	Corp." "Inc," "Co," or "Corp.")	, COMPANY, CORPORA	HON,	
	able in Florida, enter alternate corporate name		_	a)
Massachusetts	ry under the law of which it is incorporated)	04-3502034	· · · · · · · · · · · · · · · · · · ·	
02/00/2000				
	e of incorporation) 5.	(Date of duration if or	ther than pernetual)	_
		(Date of diffation, if of	are, man perpetuary	
	(Date first transacted business i	n Florida, if prior to registration)	<u> </u>	
	(SEE SECTIONS 607.1501 & 607.1			
20 Mill St. Peppe	reil Ma, 01463			
	(Daireaine) - (C	ice street address)		
	(Principal off	ree <u>sereet</u> address;		
				_
		ng address, if different)		_
Name and stra	(Current maili	ng address, if different)		_
Name and stre	(Current maili	ng address, if different)	:/>	_
Name and stre	(Current maili	ng address, if different)	20	_
Name:	(Current maili	ng address, if different)	20 ISV	_
Name:	(Current maili	ng address, if different)	0 k51 07	_
Name:	(Current maili	ng address, if different)	20 15V 10 PM	_
Name: Tice Address:	(Current maili	ng address, if different)	20 157 10 FM 6	_
Name: fice Address: Registered ag	(Current maili et address of Florida registered agent: (P. C T Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance:	ng address, if different) D. Box NOT acceptable) , Florida 33324 (Zip code)	20 157 10 P. O. Tated corporation at the	– e pi
Name: Tice Address: Registered agaving been nansignated in this	(Current maili et address of Florida registered agent: (P.o. C T Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: ned as registered agent and to accept serv application, I hereby accept the appoints	ng address, if different) D. Box <u>NOT</u> acceptable) , Florida <u>33324</u> (Zip code) ice of process for the above st	tated corpora ti on at the agree to act in this cap	aci
Name: Tice Address: Registered ag aving been nan signated in this rther agree to c	(Current mailing the state of t	ng address, if different) D. Box NOT acceptable) , Florida	tated corpora ti on at the agree to act in this cap	aci
Name: ffice Address: Registered ag aving been nan signated in this rther agree to c	(Current maili et address of Florida registered agent: (P.o. C T Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: ned as registered agent and to accept serv application, I hereby accept the appoints	ng address, if different) D. Box NOT acceptable) , Florida	tated corporation at the agree to act in this cap splete performance of i	aci
Name: ffice Address: Registered ag aving been nan signated in this rther agree to c	(Current mailing the state of t	og address, if different) D. Box NOT acceptable) , Florida 33324 (Zip code) ice of process for the above statement as registered agent and composition as registered agent.	tated corporation at the agree to act in this cap uplete performance of i	aci

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.

A. DIRECTORS			
□Chairman	Name:	□Chairman	Name: Michael Green
□Vice Chairman	Address: 22 Village Rd Pepperell Mass	□Vice Chairman	Address: 9 June St. Pepperell Mass
□Director		□Director	
President		□President	
□Vice President	Programme to the second	□Vice President	
Secretary	□Treasurer	□Secretary	■ Treasurer
□Other	□ Other	□Other	Other
□Chairman □Vice Chairman □Director	Jennifer Gavrichev Name:	□ Chairman □ Vice Chairman ■ Director	Name: Richard Green Address: 22 Village Rd., Pepperell Mass.
□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		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	Other	□Other	□Other
individuals may	Use an attachment to report more than six (6). The an added to the index when filing your Florida Department (and who is listed in nun	tment of State Annual Re or or Officer	eport form.
she is aware that fa s.817.155, F.S.	alse information submitted in a document to the Dep	partment of State constitu	nes a third degree felony as provided for in
13	110 KWC - L, 6	الم حملات	

(Typed or printed name and capacity of person signing application)