

P030000118710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

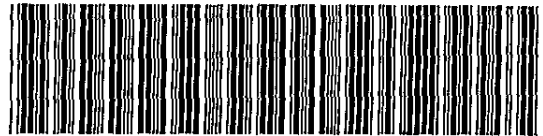
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Certificates of Status

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10-23-03
[Signature]

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Dealer Connect , Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Pablo Castellon

Name (Printed or typed)

1550 Miller Rd

Address

Coral Gables, Fl. 33146

City, State & Zip

305-962-5340

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Dealer Connect, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1550 Miller Rd, Coral Gables, Fl. 33146

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Equipment and parts distributor.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Pablo Castellon 1550 Miller Rd, Coral Gables , Fl. 33146 President

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

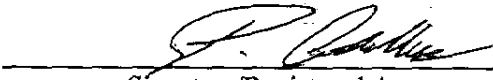
Pablo Castellon 1550 Miller Rd. Coral Gables, Fl. 33146


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Pablo Castellon 1550 Miller Rd. Coral Gables, Fl. 33146

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Signature/Registered Agent


Signature/Incorporator

FILED

03 OCT 20 PM 3: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


Date


Date