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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STAT
ALLAHASSEE, FLORI

MR)/12

COVER LETTER

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

SUBJECT:	
(PROPOSED CORPORAT	FE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Sandra He	(Printed or typed)
7537 NW 7th	Avenue ddress
Miami, PL City,	33150) State & Zip
305-758- Daytime Te	Plephone number
COYPOYATIONS (E-mail address: (to be used	for future annual report notification)

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

Ine 27, 2012

12 JUL -2 PM 1:35

State of Florida

Division of Corporations

SECRETARY OF STATE TALLAHASSEE, FLORIBA

Re.: New Ride Auto Brokers, Inc. – P03000041437

To Whom It May Concern:

Please be advised that I am not planning on revoking the voluntary dissolution filed with the Division of Corporations. As such, I hereby release the name.

Sincerely

Sandra Hess

President

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

The name of the corporation shall be: New Fide	AUTO Brokers, Inc.
Principal office Principal street address 7537 NW 7 Avenue Miamy R 33150.	Mailing address, if different is: 7537 NW 7 AVCOURC Miami, FC 33(50).
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Any and all lawful busine.	SS. TREATMENT OF STATE OF STAT
ARTICLE IV SHARES The number of shares of stock is: 100	ORIGINAL STATE
Name and Title: ACMORA HESS (P) Address: 4537 NW 3th AUCOUC MIGNINGER 33150	Name and Title:Address:
Name and Title: Address:	
Name and Title:Address:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of Name: Social HSS Address: 7537 NW Fr Overve Mignifel 33150	the registered agent is:
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: Address	· · ·
Having been named as registered agent to accept service of process, this certificate, I am familiar with and accept the appointment as regis	stered agent and agree to act in this capacity
Required Signature/Registered Agent	6 27 12 Date
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felony	
Required Signature/Incorporator	6 27 12.