

Dec. 16. 2015 1:30 PM  
12/15/2015

Division of Corporations

No. 1351

P15000099669

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : AT PLUS CORP  
Account Number : I20140000060  
Phone : (305)406-3800  
Fax Number : (305)406-3999

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 DEC 16 AM 10:16

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AND  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
NEW AUTOMEDIC CAR REPAIR CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 DEC 16 PM 1:25

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V/H

## AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared **DENISE VERAMENDI**, who after being firstly duly sworn, under oath, deposes and says:

1. The undersigned is also the sole Director and the President of **NEW AUTOMEDIC CAR REPAIR CORP.** a Florida corporation to be filed with the Florida Department Of State on or about December 11<sup>th</sup> 2015.
2. The undersigned hereby consents to and authorizes the use by **NEW AUTOMEDIC CAR REPAIR CORP** of the name **NEW AUTOMEDIC CAR REPAIR CORP.**
3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of Reinstating the dissolved entity.

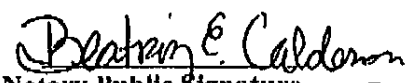
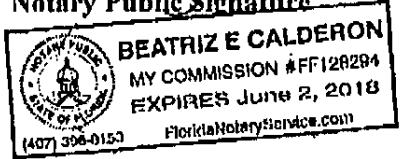
FURTHER AFFIANT SAYETH NAUGHT.

  
DENISE VERAMENDI

STATE OF FLORIDA           )  
  ) SS:  
COUNTY OF MIAMI-DADE )

PERSONALLY appeared before me, **DENISE VERAMENDI**, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this 11th day of DECEMBER 2015

  
Notary Public Signature  
  
BEATRIZ E CALDERON  
MY COMMISSION #FF128284  
EXPIRES June 2, 2018  
FloridaNotaryService.com  
(407) 398-0153

Dec. 16. 2015 9:30AM

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No. 835 3

15 DEC 16 AM 10:16

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**  
The name of the corporation shall be: NEW AUTOMEDIC CAR REPAIR CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
18670 SW 105TH PL  
MIAMI, FL 33157

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: DENISE VERAMENDI PRESIDENT

Name and Title: \_\_\_\_\_

Address 18670 SW 105TH PL

Address: \_\_\_\_\_

MIAMI, FL 33157

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Dec. 16, 2015 9:31AM

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15 DEC 16 AM 10:16

Name and Title: _____	Name and Title: <u>SECRETARY OF STATE</u>
Address _____	Address: <u>TALLAHASSEE, FLORIDA</u>
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: DENISE VERAMENDI  
Address: 18670 SW 105TH PL,  
MIAMI, FL 33157

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DENISE VERAMENDI  
Address: 18670 SW 105TH PL  
MIAMI, FL 33157

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

<u><i>Denise Veramendi</i></u>	<u>12/11/2015</u>
Required Signature/Registered Agent	Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

<u><i>Denise Veramendi</i></u>	<u>12/11/2015</u>
Required Signature/Incorporator	Date