## 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 : 120140000060 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.\*\*

Email Address:

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

Certificate of Status	0
Certified Copy	. 0
Page Count	01
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Corporate Filing Menu

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## <u>AFFIDAVIT</u>

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

- The undersigned is also the sole Authorized Member of NEW AUTOMEDIC CAR REPAIR CORP. a Florida Corporation to be filed with the Florida Department of State on or about November 22<sup>nd</sup>, 2016.
- 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 22" day of Nov., 2016

Notice Patrice Signatures of

MY COMMISSION #FF126294 EXPIRES June 2, 2018

107) 396-0153 Fk

FloridaniotaryService.com

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

ARTICLE I NAME The name of the corporati	ion shall be:	EPAIR CORP	
ARTICLE II PRINC			ess, if different is:
MIAMI, FL 33157			
	SE ANY AND ce corporation is organized is:	ALL LAWFUL BUSINESS	
			16 FOR
			% 1 <b>3</b>
ARTICLE IV SHAR	<u>ES</u> 100		08/0A
The number of shares of  ARTICLE V INITIA	L OFFICERS AND/OR DIRECTORS		
Name and Title	18670 NW 105TH PI	Name and Title:	
	MIAMI, FL 33157	Address:	
Name and Title	:	Name and Title:	<del></del>
Address		Address:	
Name and Title	:	Name and Title:	
Address		Address:	

Name a	nd Title:	Name and Title:
Addres	SS	Address:
	REGISTERED AGENT	
The <u>name and</u>	Florida street address (P.O. Box NOT acc	eptable) of the registered agent is:
Name:	DENISE VERAMENDI	
Address: 18670 NW 105TH PL MIAMI, FL 33157	18670 NW 105TH PL	
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>	60 Po Company
The <u>name</u> and	address of the Incorporator is:	in the second of
Name:	DENISE VERAMENDI	
Address: 18670 NW 105TH PL MIAMI, FL 33157	18670 NW 105TH PL	
	MIAMI, FL 33157	<del></del>
Effective date,	I EFFECTIVE DATE: if other than the date of filing: that is listed, the date must be specific a	. (OPTIONAL)  and caunot be more than five days prior or 90 days after the
	tte inserted in this block does not meet the effective date on the Department of State'	applicable statutory filing requirements, this date will not be listed as a records.
		of process for the above stated corporation at the place designated in ment as registered agent and agree to act in this capacity
Lenior	Veramindi	11/22/2016
	Required Signature/Registered	Agent Date
		herein are true. I am aware that the false information submitted in a egree felony as provided for in s.817.155, F.S.
/ \	1	11/22/2016
Req	uired Signature/Incorporator	Date