

Nov 22 2016 05:00 PM FAX 3054063999
11/22/2016

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Division of Corporations

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

From:

Account Name : AT PLUS CORP
Account Number : I20140000060
Phone : (305)406-3800
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**FLORIDA PROFIT/NON PROFIT CORPORATION
NEW AUTOMEDIC CAR REPAIR CORP**

Certificate of Status	0
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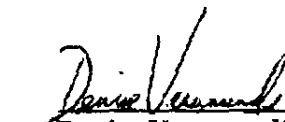
NOV 23 2016

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 Authorized Member of **NEW AUTOMEDIC CAR REPAIR CORP.** a Florida Corporation to be filed with the Florida Department of State on or about November 22nd, 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.

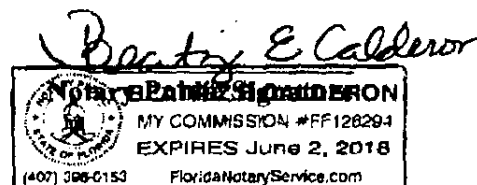
FURTHER AFFIANT SAYETH NAUGHT.


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 22nd day of Nov., 2016



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: NEW AUTOMEDIC CAR REPAIR CORP

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

18670 NW 105TH PL

MIAMI, FL 33157

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 NW 105TH PL

Address: _____

MIAMI, FL 33157

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

11/22/2016

Date