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	To: Division of Corporations Fax Number : (850)617-6391				
	From: Account Name : CORP USA Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696				
-	<pre>*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:</pre>				
	FLORIDA PROFIT/NON PROFIT CORPORATION Auto Transport Connect, Inc.				
please	All Certificate of Status 0 Certified Copy 1 Page Count 03 Estimated Charge \$78.75				
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https://efile.sunbiz.org/scripts/efilcovr.exe

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February 20, 2017

FLORIDA DEPARTMENT OF STATE Division of Corporations

CORP USA

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SUBJECT: THE AUTO TRANSPORT CO. INC REF: W17000014414

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist II

FAX Aud. #: H17000045998 Letter Number: 217A00003260

P.O BOX 6327 - Tallahassee, Florida 32314

		ORPORATION	
i	In compliance with Chapter 607 as	nd/or Chapter 621, F.S. (Profit)	
AKTICLE NAME	In Arto Tr	ansport Connect,	Inc
		and the second s	
	al <u>street</u> address	Mailing address, if diffe	rent is:
7821NW 52 STREET	· · · · · · · · · · · · · · · · · · ·	7821NW 52 STREET	
DORAL, FL33166	<u> </u>	DORAL, FL 33166	<u></u>
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ARTICLE IV SHARES	100		
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ARTICLE V INITIAL OFF	ICERS AND/OR DIRECTORS		
	STON ROSSATO, PRESIDENT	Name and Title:	· · · · · · · · · · · · · · · · · · ·
. 78211	NW 52ND STREET		<u> </u>
Address	AL. FL 33166	Address:	
	41 Fl. 53100		
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	REGISTERED AGENT		
Name:	Florida street address (P.O. Box NOT acceptable CARLOS M. TRUEBA	e) of the registered agent is:	
Address:	1985 NW 88TH COURT, SUITE 101		
	DORAL, H. 33172		
<u>ARTICLE VII</u>	INCORPORATOR		17 14
The nume and	address of the Incorporator is:		
Name:	GASTON ROSSATO		C23
Address:	7821 NW 52ND STREET	 	
, 1	DORAL, H. 33166		
ARTICLE VN	I EFFECTIVE DATE:		62. : HT

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 days prior or 90 days after the filing.)

Note: If the flate 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 ty 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

21517 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 \$\$17,155, F.S.

02-15-12 Required Signature/Incorporator Date,

3026333668

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2102/22/20