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<u> </u>	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Dusiness Littly Warre)	
(Decrease Alexandra)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer	
Special instituctions to 1 imig Officer	

Office Use Only

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

EXOTIC AUTO I	HAUS INC					
	· -					
			<u> </u>	Art of Inc. File	17.	SEC
		·		LFD Partnership File		RET
				Foreign Corp. File	25	ARY SSE
				L.C. File	A	
				Fictitious Name File	44 10: 44	5.08 1.08
				Trade/Service Mark	_ =	A DE
				Merger File		
				Art, of Amend, File	-	
				RA Resignation		
				Dissolution / Withdrawal		
				Annual Report / Reinstatement		
				Cert. Copy		
			✓	Photo Copy		
				Certificate of Good Standing		
				Certificate of Status	_	
				Certificate of Fictitious Name		
				Corp Record Search	_	
				Officer Search		
				Fictitious Search		
lignature				Fictitious Owner Search		
				Vehicle Search		
				Driving Record		
lequested by:	8/25/17			UCC 1 or 3 File		
lame	Date	Time	-	UCC 11 Search		
				UCC Retrieval		
Valk-In	_ Will Pick Up	p	.	Courier		

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SECRETARY OF STATE TALLAHASSEE, FLORIDA

SUBJECT: EXO NO AUT	O HAUS INC.
Enclosed are an original and one (1) copy of \$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Statu	\$78.75 \$\sum \\$87.50\$ Filing Fee Filing Fee, & Certified Copy & Certificate of
	Status ADDITIONAL COPY REQUIRED
FROM: NATHAN LA	PAY L Name (Printed or typed)

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

Daytime Telephone number

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

ARTICLE 1 NAME The name of the corporat	ion shall be: <u>EXOTIC</u> A	uto HA	<u> 7US</u>	INC	
	IPAL OFFICE Principal <u>street</u> address	N	Mailing ad	dress, if different	is:
GOCA PATO	dr Felleral Aug #408 N Pl. 33431	3			
ARTICLE III PURPO The purpose for which the	SE he corporation is organized is: ANY	AND A	<u>u </u>	Awfil	Business
					
	stock is: //// LOFFICERS AND/OR DIRECTORS	ESINEUT			SECRETARY TALLAHASSEL
Name and Title Address	4400 North Federal H BOCA PATON FL. 331	ES DET Name and Title: Unddress: [3]			OF STATE E. FLORIDA M 10: 44
Name and Title:					
Name and Title:					
Address		-			

Name and Title:	Name and Title:
Address	Address:
Name: NAMAN U	Box NOT acceptable) of the registered agent is: A FEDERAL HW # 408 A FEDERAL HW # 408 A R. 33431
The name and address of the Incorporator is Name: Poblat Address: Y400 Nov BOCA PATE	>
(it an effective date is listed, the date must days after the filing.)	(OPTIONAL) The specific and cannot be more than five business days prior or 90 business That meet the applicable statutory filing requirements, this date will not be listed as ment of State's records.
Northan La Par Required Signatur	ccept service of process for the above stated corporation at the place designated in the appointment as registered agent and agree to act in this capacity S - 17 - 17
I submit this document and affirm that the document to the Department of State constitution of State Constitut	facts stated herein are true. I am aware that the false information submitted in a stees a third degree felony as provided for in s.817.155, F.S. Date