

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN, P.A.
Account Number : 072720000266
Phone : (941) 366-4800
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**DISSOLUTION OR WITHDRAWAL
COPLEY AUTOBODY SUPPLY, INC**

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TALLAHASSEE, FLORIDA

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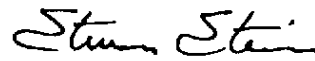
ARTICLES OF DISSOLUTION
OF
COPLEY AUTOBODY SUPPLY, INC.

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TALLAHASSEE, FLORIDA

Pursuant to Section 607.1401, Florida Statutes, this Florida profit corporation
submits the following Articles of Dissolution:

1. The name of the Corporation as currently filed with the Florida Department of State is Copley Autobody Supply, Inc. (the "Corporation").
2. The document number of the Corporation is P18000024900.
3. The file date of the Articles of Incorporation was March 14, 2018, with an effective date of March 13, 2018.
4. To my knowledge, the Corporation has not commenced business and none of the Corporation's shares have been issued.
5. To my knowledge, no debt of the Corporation remains unpaid.
6. The sole purported Incorporator authorizes the dissolution of the Corporation.
7. Attached is a Notice of Corporate Dissolution.
8. The Affidavit attached hereto as Exhibit "A," is herein made a part hereof.

IN WITNESS WHEREOF, these Articles of Dissolution have been executed on
this 2nd day of April 2018.



Steven Stein
As Purported Sole Officer

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NOTICE OF CORPORATE DISSOLUTION

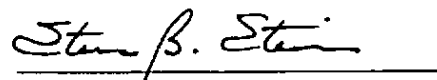
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This notice is being submitted by Copley Autobody Supply, Inc., a Florida corporation (the "Corporation"), for resolution of payment of unknown claims against the Corporation as provided in Section 607.1407, Florida Statutes.

1. The name of the Corporation is Copley Autobody Supply, Inc.
2. The effective date of the dissolution is as filed with the Florida Department of State.
3. The description of information that must be included in a claim against the Corporation is: (i) name and address of claimant; (ii) detailed description of the nature of the claim; and (iii) the alleged facts giving rise to the claim.
4. The mailing address where claims can be sent is 1233 N. Gulfstream Avenue, Unit 1001, Sarasota, Florida 34236.

A claim against the Corporation will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this notice.

Dated this 2nd day of April 2018.



Steven Stein
As Purported Sole Officer

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EXHIBIT "A"

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AFFIDAVIT

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF SARASOTA

BEFORE ME, the undersigned, a Notary Public in and for the above-referenced State and County, personally appeared Steven Stein ("Affiant"), who, being duly sworn, deposes and says that:

1. The name of the corporation is Copley Autobody Supply, Inc., Florida document number P18000024900, filed on March 14, 2018, with an effective date of March 13, 2018, under the laws of the State of Florida (the "Corporation").

2. I am named as the Incorporator, Chief Executive Officer ("CEO"), and Registered Agent in the Articles of Incorporation for this Corporation.

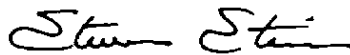
3. My home address is listed as the principal and mailing addresses for this Corporation. My home address is also listed as the registered agent address for this Corporation.

4. I did not form this Corporation, which was formed without my knowledge and consent and for the apparent purpose of perpetrating fraud by obtaining financing using my personal information.

5. My name was "typed" as "signing" the electronic Articles of Incorporation as Registered Agent and Incorporator without my knowledge and consent. Typing someone's name without permission constitutes forgery as electronic signatures have the same legal effect as original signatures.

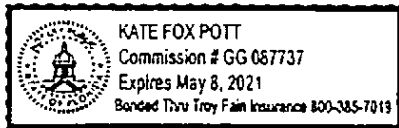
6. This Corporation appears to have been set up fraudulently and I direct that this Corporation be dissolved immediately.

Dated this 2nd day of April 2018.



Steven Stein

SWORN TO AND SUBSCRIBED before me this 2nd day of April 2018, by Steven Stein,
 who is personally known to me or has produced _____ as identification.
 If no type of identification is indicated, the above-named person is personally known to me.



(Notary Seal)

Kate L. Pott
 Signature of Notary Public

KATE FOX POTT
 Print Name of Notary Public

I am a Notary Public of the State of Florida, and my
 commission expires on _____.

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 TALLAHASSEE, FLORIDA