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TX **Alt Report**

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Addressee	Start Time	Time	Prints	Result	Note
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Result OK: Communication OK, 3-OK: Stop Communication, PW-OFF: Power Switch OFF,
 OK: Communication OK, OK: Other Error Code Continuous, no one: no answer,
 Refuse: Receipt Refused, Busy: Busy, M-Full: Memory Full, LOUR: Receiving length Over,
 PowerReceiving page Over, File File Error, DC: Decode Error, MDNMDN Response Error,
 OSNMDN Response Error, PRINT: Compulsory Memory Document Print,
 DEL: Compulsory Memory Document Delete, SEND: Compulsory Memory Document Send.

**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 : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (888)692-9256

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
NEXT AUTOMOTIVE INC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$70.00

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Corporate Filing Menu

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APR 05 2019

T SCHROEDER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~19 APR -1 PM 3:03~~

FILED

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: NEXT AUTOMOTIVE INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

100 EAST LINTON BLVD, SUITE 500 B100 EAST LINTON BLVD, SUITE 500 BDELRAY BEACH, FL 33483DELRAY BEACH, FL 33483**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: AUTO WARRANTY SALES**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: SYNDICATE GROUP INC - DIRECTOR

Name and Title: _____

Address 100 EAST LINTON BLVD, SUITE 500 B

Address: _____

DELRAY BEACH, FL 33483

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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19 APR - 4 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Dennis P. Lavin II

Address: 100 EAST LINTON BLVD, SUITE 500 B

DELRAY BEACH, FL 33483

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Ana Maisona

Address: 16 Court St

Brooklyn, NY 11241

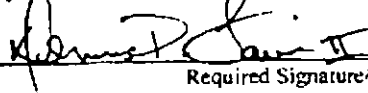
ARTICLE VIII EFFECTIVE DATE:

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 date 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 to 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



Required Signature/Registered Agent

04/02/2019

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 s.817.155, F.S.



Required Signature/Incorporator

04/02/2019

Date

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 TALLAHASSEE, FLORIDA