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		To:	Division of Corporat	ions 0)617-6381	PALE.
KECEIVED	2020 JAN -7 PM 4: 26	THE STATE	Account Name : LAZ Account Number : I20 Phone : (30 Fax Number : (30	ARUS CORPORATE FILING SERVICE. INC	APASSTORES SINDA
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FLORIDA PROFIT/NON PROFIT CORPORATION A DEALER'S CHOICE CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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

ARTICLE I NAME: The name of the corporation is:
A DEALER'S ChoicE COEP.
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
142 PINE CONE QUE 33440
Clewiston, FC 33440
ARTICLE III SHARES: The number of shares of stock is: /OO
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
RICARDO PEREZ (P)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not-acceptable) of the registered agent is:
RICARDO PEREZ
142 PINE CONE AUE
C/EWISTON FL. 33440
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
RICARDU PEREZ
142 Pine CONE AVE
Clewiston FC 33440.

Required Signatures:

3052201440

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



I submit this document and affirm that the facts stated herein are $tru \epsilon$. 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.

