| JUN/22/2020/MON T3:<br>4510622400<br>TRANSACTI<br>FAX(TX)                       | 2000045 M<br>NREPORT JUN/17/2020/WED 10:27  | P. 001  |
|---|---|---|
| # DATE START T<br>001 JUN/17 10:26  | RECEIVER   COM.TIME PAGE TYPE/NOTE   8506176381   6:00:35   3   NEMORY OK   | 91LE<br>5G3 3441  |
| 6/17/2020   | Florida Department of State  Division of Corporations  Electronic Filing Cover Sheet  | se etain date   |
| Note Ming   | Note: Please print this page and use it as a cover sheet. Type the fax audit muse (shown below) on the top and bottom of all pages of the document.  (((H20000184349 3))) | wher or USSLON  |
| Was how on  | H200001843483AEC+  Note: DO NOT hit the REFRESH/RELOAD button on your browser from this p  Doing so will generate another cover sheet.                                    | oage.   |
| Wed have we have who received evidence.   | To: Division of Corporations Fax Number : (850)617-6381  From: Account Name : UNISEARCH, INC. Account Number : I20150838103 Phone : (612)219-4300                         | FILED  2828 JUN 17 PM 4  A STANSFER SE  |
| evidence.<br>Hunter at<br>Clorida Sos_  | **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**  Email Address:                   | 90 to 12 to |
| nstructed instructed againg to fex againg and it should be proussed be proussed | FLORIDA PROFIT/NON PROFIT CORPORATION NAC Investments Corporation  Certificate of Status Certified Copy Page Count Stimuted Charge  Mallon Kelly                          | July 3  |

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

| Arr   | TO AT OFFICE  |                                     |   |
|---|---|-------------------------------------|---|
| TICLE II PRINCIPAL OFFICE Principal street address National Auto Care               |   | 1                                   | Mailing address, if different is:                         |
| Ponte Vedra Park  |   | -                                   |   |
|   | <del></del>   |                                     |   |
| te Vedra Beach, FI  | 32082   |                                     |   |
| CLE III PURPO<br>urpose for which t   | DSE he corporation is organized is: Sales and M   | Marketing of Fina                   | unce and Insurance related products.                      |
|   |   |                                     |   |
|   | -   |                                     |   |
|   |   |                                     |   |
|   |   |                                     |   |
|   |   |                                     |   |
|   |   |                                     |   |
| umber of shares of  | stock is: 100  L OFFICERS AND/OR DIRECTORS  | Nome and Title                      | Laura Clark, CFO and Director                             |
| umber of shares of <u>CLE V INITIA</u> Name and Title                               | stock is: 100   |                                     | Laura Clark, CFO and Director  208 Ponte Vedra Park Drive |
| umber of shares of  | stock is: 100  L OFFICERS AND/OR DIRECTORS  Anton Wanderon, CEO and Director  | Name and Title: Address:            | 208 Ponte Vedra Park Drive                                |
| umber of shares of  CLE V INITIA  Name and Title                                    | LOFFICERS AND/OR DIRECTORS  Anton Wanderon, CEO and Director  208 Ponte Vedra Park Drive  |                                     | 208 Fonte Vedra Park Drive  Ponte Vedra Beach, FL 32082,  |
| umber of shares of  CLE V INITIA  Name and Title                                    | LOFFICERS AND/OR DIRECTORS  Anton Wanderon, CEO and Director  208 Ponte Vedra Park Drive  |                                     | 208 Fonte Vedra Park Drive  Ponte Vedra Beach, FL 32082,  |
| umber of shares of  CLE V INITIA  Name and Title  Address                           | LOFFICERS AND/OR DIRECTORS  Anton Wanderon, CEO and Director  208 Ponte Vedra Park Drive  | Address:                            | Ponte Vedra Beach, FL 32082,                              |
| umber of shares of  CLE V INITIA  Name and Title  Address                           | stock is: 100  LOFFICERS AND/OR DIRECTORS  Anton Wanderon, CEO and Director  208 Ponte Vedra Park Drive  Ponte Vedra Beach, FL 32082  | Address:                            | 208 Ponte Vedra Park Drive  Ponte Vedra Beach, FL 32082,  |
| umber of shares of  CLE V INITIA  Name and Title  Address  Name and Title:          | stock is: 100  LOFFICERS AND/OR DIRECTORS  Anton Wanderon, CEO and Director  208 Ponte Vedra Park Drive  Ponte Vedra Beach, FL 32082  Ryan Schumacher, Treasurer and Director   | Address:  Name and Title:           | Ponte Vedra Beach, FL 32082,                              |
| umber of shares of  CLE V INITIA  Name and Title  Address  Name and Title:          | stock is: 100  LOFFICERS AND/OR DIRECTORS  Anton Wanderon, CEO and Director  208 Ponte Vedra Park Drive  Ponte Vedra Beach, FL 32082  Ryan Schumacher, Treasurer and Director  208 Ponte Vedra Park Drive               | Address:  Name and Title:           | Ponte Vedra Park Drive  Ponte Vedra Beach, FL 32082,      |
| umber of shares of  CLE V INITIA  Name and Title  Address  Name and Title:  Address | LOFFICERS AND/OR DIRECTORS  Anton Wanderon, CEO and Director  208 Ponte Vedra Park Drive  Ponte Vedra Beach, FL 32082  Ryan Schumacher, Treasurer and Director  208 Ponte Vedra Park Drive  Ponte Vedra Beach, FL 32082 | Address:  Name and Title:  Address: | Ponte Vedra Beach, FL 32082,                              |
| umber of shares of  CLE V INITIA  Name and Title  Address  Name and Title:  Address | stock is: 100  LOFFICERS AND/OR DIRECTORS  Anton Wanderon, CEO and Director  208 Ponte Vedra Park Drive  Ponte Vedra Beach, FL 32082  Ryan Schumacher, Treasurer and Director  208 Ponte Vedra Park Drive               | Address:  Name and Title:  Address: | Ponte Vedra Beach, FL 32082,                              |

| Name an                            | d Title: t   | Name and Title:   |        |  |
|------------------------------------|--|---|--------|--|
| Address                            |  | Address:  |        |  |
|                                    |  |   |        |  |
|                                    |  |   |        |  |
|                                    | •  |   |        |  |
| The name and F                     | REGISTERED AGENT<br>orida street address (P.O. Box NOT acceptable) of th   | e registered agent is:  |        |  |
| Name:                              | CT Corporation System  |   |        |  |
| Address:                           | 1200 South Pine Island Road  |   |        |  |
|                                    | Plantation, PL 33324   |   |        |  |
|                                    |  | > 22<br>***********************************   |        |  |
| ARTICLE VII                        | <u>INCORPORATOR</u>  |   |        |  |
| The name and ac                    | ldress of the Incorporator is:   | EZE JUN 17  | -      |  |
| Name:                              | Jacqueline A. Bernu  | · · · · · · · · · · · · · · · · · · ·   |        |  |
| Address:                           | Fredrikson & Byron, P.A., 200 South Sixth Stree  |   | ا<br>~ |  |
|                                    | Minneapolis, MN 55402  | #: 46   | •      |  |
| ARTICLE VIII                       | EFFECTIVE DATE:  | (00000)   |        |  |
| (If an effective d                 | other than the date of filing:   | (OPTIONAL)<br>be more than five days prior or 90 days after the                               |        |  |
| filing.)                           |  |   |        |  |
| Note: If the date the document's e | inserted in this block does not meet the applicable sta<br>ffective date on the Department of State's records.   | atutory filing requirements, this date will not be listed as                                  |        |  |
| Having been nan                    | ned as registered agent to accept service of process for t   | the above stated corporation at the place designated in this                                  | ;      |  |
| certificate, I am f                | amiliar with and accept the appointment as registered  | agent and agree to act in this capacity   |        |  |
| Stephane                           | Required Signature/Registered Agent  | ocretary 06/17/2020   |        |  |
| . 1                                | Required Signature/Registered Agent  | Date  |        |  |
| I submit this doc                  | ument and affirm that the facts stated herein are tri<br>Department of State constitutes a third degree felony a | ie. I am aware that the false information submitted in a<br>s provided for in s.817.155. F.S. |        |  |
|                                    | Men  |   |        |  |
| Required Signatu                   | re/Inporporator  | Date 6/17/2020  |        |  |
|                                    | , ·  | *****   |        |  |