Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:				
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FLORIDA PROFIT/NON PROFIT CORPORATION LVERAGE AUTO BROKERS INC

Certificate of Status	0
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Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

	ARTICLE II PRINCIPAL OFFICE:
	The principal street address and mailing address is:
1625 S I	Eederal HWY
APT 110	
Pompan	o Beach, FL 33062
RTICLE III	SHARES: The number of shares of stock is: 100
ARTIC	CLE IV INITIAL DIRECTORS AND/OR OFFICERS:
PRESIDEN	T: DAVID CARDONE
CHIEF EXE	CUTIVE OFFICER: JEFFREY SPIRES
ARTICLE V	INITIAL REGISTERED AGENT AND STREET ADDRI
he name and I DAVID CAF	Florida street address (PO Box not acceptable) of the registered as RDONE
1625 S FED	ERAL HWY APT 110
POMPANO	BEACH, FL 33062
ARTICLE VI	INCORPORATOR: The name and address of the Incorpora
DAVID CAR	DONE

POMPANO BEACH, FL 33062

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Required Signatures:

Having been named as as it is a second as
wavel been halled as registered agent to accent semice of process for the standard
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this court.
corporation at the place designated in this certificate, I am familiar with and accept the
and accept the
appointment as registered agent and agree to act in this capacity
and agree to act in this capacity

Registered Agent B/19/202()

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.

Incorporator B/19/202()