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To:	Division of Corporations	_	~ 3
	Fax Number : (850)617-6381	• .	021
From:		; • . <u>:</u>	2020 OCT
	Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC Account Number : I20070000020 Phone : (813)435-3176 Fax Number : (813)333-6358		121 PH 1:
	the email address for this business entity to be used for aual report mailings. Enter only one email address please.		

FLORIDA PROFIT/NON PROFIT CORPORATION AUTOBROKER USA, INC.

Certificate of Status	0
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020 OCT 21 PM 1: 29

Electronic Filing Menu

Corporate Filing Menu

Help

THURRIS Who/ev

e name of the corporati	ion shall be: AUTOBROKER	USA, INC.	
RTICLE II PRINC	IPAL OFFICE Principal street address	Mailing address, 4428 Bougainville Dr	if different is:
auderdale by	the sea. Fl. 33308	Lauderdale by th	e sea. Fl. 33308
RTICLE III PURPO e purpose for which th	ISE ne corporation is organized is: ALL LA	WFULL BUSINESS	PURPOSES
			2020 (
			· ·
TIÇLE V INITIA	LOFFICERS AND/OR DIRECTORS		PH 4: 18
Name and Title Address	MARK SOLOMON, DPST 4428 Bougainvilla Dr	_ Name and Title:	
	Lauderdale by the sea. Fl. 33308		
Name and Title:		Name and Title:	
Address		Address:	
Address	, <u>, , , , , , , , , , , , , , , , , , </u>	Address:	

Name ar	d Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
The name and F	forida street address (P.O. Box NOT acceptable) of MARK SOLOMON	the registered agent is:
Address:	4428 Bougainvilla Dr	•
	Lauderdale by the sea. Fl. 33308	
ARTICLE VII	INCORPORATOR	
•	kirese of the Incorporator is:	
Name:	MARK SOLOMON	
Address:	4428 Bougainvilla Dr	. •
	Lauderdale by the sea. Fl. 33308	
ATICLE VIII	EFFECTIVE DATE:	·
ffective date, if	other than the date of filing:	(OPTIONAL)
it so enective o lling.)	ate is listed, the date must be specific and cannot	be more than five days prior or 90 days after the
iote: If the date te document's ef	inserted in this block does not meet the applicable st fective date on the Department of State's records.	naturory liling requirements, this date will not be listed a
faving been nam entificate I am fo	ed as registered agent to accept service of process for miliar with and accept the appointment as registered	the above stated corporation at the place designated in t
//	M . Li	
	Required Signature/Registered Agent	10 - 2 (- 2) Date
submit this docu	ment and affirm that the facts stated herein are in	ue. I am aware that the false information submitted in
reument to the D	eparameja of Highe constitutes a third degree felony a	s provided for in \$.817.155, F.S.
/	WI XI	·