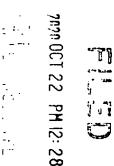
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(Re	equestor's Name)	)
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	es of Status
Special Instructions to	Filing Officer	

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UNITED TO CORPORATIONS
TALL APASSEE PLANTIONS
TALL APASSEE PLANTIONS

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 46325.0 8323130
AUTHORIZATION: Spelle Reman
COST LIMIT : \$ 78.75
ORDER DATE : October 21, 2020
ORDER TIME : 11:56 AM
ORDER NO. : 463250-005
CUSTOMER NO: 8323130
DOMESTIC FILING
NAME: DEFELICE AUTOMOTIVE MANAGEMENT, INC.
EFFECTIVE DATE:
XX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Amanda Robinson - EXT. 62968
EXAMINER'S INITIALS:

## **COVER LETTER**

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: De	Felice Automotive Management, Inc	<b>5</b> .	
oobsect	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an	original and one (1) copy of the a	rticles of incorporation and	a check for:
□ \$70.0 Filing F	00	■ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM		me (Printed or typed)	
	2720 Donald Ross Road, Apt 510		
		Address	
	Palm Beach Gardens, Florida 334	10	
	Cit	y, State & Zip	
· ·	732-616-2714		
	Daytime	Telephone number	
	tom.defelice@yahoo.com		
	E-mail address: (to be us	sed for future annual report i	notification)

NOTE: Please provide the original and one copy of the articles.

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

The name of the corpora		ement, Inc.	
2720 Donald Ross R Palm Beach Gardens	Principal <u>street</u> address oad, Apt 510		dress, if different is:
	OSE  he corporation is organized is:  sulting and any other valid business act		
ARTICLE IV SHAR The number of shares of ARTICLE V INITIA			Pron OCT 22 PA
Name and Title	Thomas J. DeFelice, Jr.; President 2720 Donald Ross Road, Apt 510	Name and Title:	·
	Palm Beach Gardens, Florida 33410	<del></del>	
	:	Name and Title:	
Address		Address:	
		Name and Title:	
Address		Address:	
		<del></del>	

ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Corporation Service Company  Address:  1201 Hays Street Tallahassee, FL 32301  ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address:  Value: Address:  Address:  Thomas J. DeFelice III, Esq. 400 Chambers St., Apt 15C New York, NY 10282  ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	Name ar	nd Titie:	Name and Title:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:  Address:  1201 Hays Street  Tallahassee, FL 32301  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Address:  400 Chambers St., Apt 15C  New York, NY 10282  ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days at filing.)	Address	s	Address:
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:  Address:  Corporation Service Company  1201 Hays Street  Tallahassee, FL 32301   ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Thomas J. DeFelice III, Esq.  Address:  Address:  Address:  Address:  (OPTIONAL)  (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days at filing.)			
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:  Address:  Corporation Service Company  1201 Hays Street  Tallahassee, FL 32301   ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Thomas J. DeFelice III, Esq.  Address:  Address:  Address:  Address:  (OPTIONAL)  (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days at filing.)			
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Address:    1201 Hays Street	The name and F	<u>REGISTERED AGENT</u> <u>lorida street address</u> (P.O. Box NOT acc	eptable) of the registered agent is:
Tallahassee, FL 32301  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Address:  Address:  Address:  Address:  APTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be more than five days prior or 96 days at filing.)	Name:	Corporation Service Company	
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Address:  Address:  New York, NY 10282  ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days affiling.)	Address:	1201 Hays Street	
The name and address of the Incorporator is:  Name:  Address:  Address:  New York, NY 10282   ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days at filing.)		Tallahassee, FL 32301	
The name and address of the Incorporator is:  Name:  Address:  Address:  New York, NY 10282   ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days at filing.)			- <del></del>
Name:  Address:  Address:  Address:  APPLICITE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days at filing.)	<u>ARTICLE VII</u>	<u>INCORPORATOR</u>	
Address:  400 Chambers St., Apt 15C  New York, NY 10282  ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	The name and a	<del></del>	
New York, NY 10282  ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	Name:		
ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing:	Address:	400 Chambers St., Apt 15C	
Effective date, if other than the date of filing:		New York, NY 10282	
Effective date, if other than the date of filing:			<del></del> _
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days at filing.)	ARTICLE VIII	EFFECTIVE DATE:	
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Having been named as registered agent to accept service of process for the above stated corporation at the place designificate. Lam familiar with and accept the approximate a registered agent on a given to accept the consistence of a great or accept the consistence or accept the consistency or accept the consistency or accept the consistency or accept the consistency or accept the c	/ }.	1 (d h)// -	24
certificate, I am fumiliar with and accept the appointment as registered agent and agree to act in this capacity	Fran	100 C- 100000	Amanda Robinson Asst. Vice President
certificate, I am fumiliar with and accept the appointment as registered agent and agree to act in this capacity  Amanda Robinson / () / 200	I make Line at the second		-Batte
certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity    Manuala   Amanda Robinson   Asst. Vice President   Date   Date   Company   Compa	i subject this do-	cument and affirm that the facts stated l Department of State constitutes a third de	verein are true. I am aware that the false information sw gree felony as provided for in s.817.155, F.S.
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Certificate, I am fumiliar with and accept the appointment as registered agent and agree to act in this capacity  Amanda Robinson Required Signature/Registered Agent  I subtrict this document and affirm that the facts stated herein are true. I am aware that the false information s document to the Department of State constitutes a third degree felony as provided for in s.817,155, F.S.	4000	1/2 / MA	inlan
Certificate, I am fumiliar with and accept the appointment as registered agent and agree to act in this capacity  Amanda Robinson Required Signature/Registered Agent  I subtrict this document and affirm that the facts stated herein are true. I am aware that the false information s document to the Department of State constitutes a third degree felony as provided for in s.817,155, F.S.		ute/Incorporator	Date 10/30