

P22 000057156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

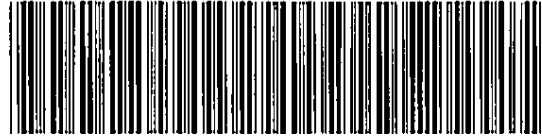
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. CHATHAM
JUL 18 2022

ALL AH/STEE. 2022

2022 JUL 14 AM 10:13

RECEIVED

22 JUL 14 AM 9:19



FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORRECTED
Please Allow For
Same File Date

July 14, 2022

SUNSHINE STATE CORPORATE COMPLIANCE COMPANY

SUBJECT: KARS USA INC
Ref. Number: W22000092460

We have received your document for and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please ensure the zip code in each address is a valid Florida address.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham
Regulatory Specialist II
New Filing Section

Letter Number: 722A00015734

RECEIVED
2022 JUL 18 AM 10:18
TALLAHASSEE, FLORIDA
22 JUL 14 AM 9:19

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 07-18-22

****WALK IN****

ENTITY NAME KARS USA Inc.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 78.75

ACCOUNT # 120140000108

United Corporate

Services, Inc.

Please call Tina at the above number for any issues or concerns. Thank you so much!

Keith Leppard

22 JUL 14 AM 5

COVER LETTER

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

SUBJECT: KAR USA Inc
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Amy Allen
Name (Printed or typed)

100 State Street, Suite 800
Address

Albany, NY 12207
City, State & Zip

Daytime Telephone number

kazi.rashed68@gmail.com
E-mail address: (to be used for future annual report notification)

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

22 JUL 14 AM 9:58
STATE OF FLORIDA
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: KAR USA Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

5923 NW 54th Circle

Coral Springs, FL 33067

Mailing address, if different is:

5923 NW 54th Circle

Coral Springs, FL 33067

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This corporation is formed to engage in any lawful act or activity

permitted by law

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kazi Rashed, President

Name and Title: _____

Address 5923 NW 54th Circle

Address: _____

Coral Springs, FL 33067

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

22 JUL 14 AM 9:20

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Kazi Rashed
Address: 5923 NW 54th Circle
Coral Springs, FL 33067

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Kazi Rashed
Address: 5923 NW 54th Circle
Coral Springs, FL 33067

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

/s/ Kazi Rashed 7/13/2022
Required Signature/Registered Agent Date

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.

/s/ Kazi Rashed 7/13/2022
Required Signature/Incorporator Date

22 JUL 14 AM 9:22
FILED
CLERK OF COURT
STATE OF FLORIDA