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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : FLL BUSINESS SOLUTION CORP
Account Number : I20190000092
Phone : (754)202-8663
Fax Number : (786)636-3620

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

Email Address: FLLbusiness@outlook.com

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FLORIDA PROFIT/NON PROFIT CORPORATION
NOVA AUTOMOTIVE CORP

Certificate of Status	0
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Page Count	04
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COVER LETTER

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

SUBJECT: NOVA AUTOMOTIVE CORP
(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: XIANNY CHINCHILLA
Name (Printed or typed)

8350 W STATE ROAD 84
Address

DAVIE, FLORIDA 33324
City, State & Zip

754-202-8663
Daytime Telephone number

FLLbusiness@outlook.com
E-mail address: (to be used for future annual report notification)

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

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: NOVA AUTOMOTIVE CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address4405 S US Hwy 1, Ste C
Fort Pierce, FL 34982

Mailing address, if different is:

12585 W Sunrise Blvd
Sunrise, FL 33323**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Automobile and other motor vehicle merchant
wholesaler and any all lawful business**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Bernardo J. Abramovich, PresidentAddress: 12585 W Sunrise Blvd
Sunrise, FL 33323Name and Title: Leonardo A. Abramovich, VicepresidentAddress: 12585 W Sunrise Blvd
Sunrise, FL 33323

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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CLERK OF CIRCUIT COURT
TALAMON STATE FLORIDA

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Name and Title: _____ Name and Title: _____

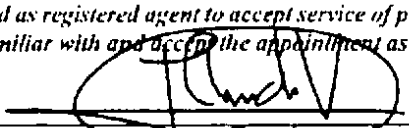
Address: _____ Address: _____

_____**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: FLL Business Solution CorpAddress: 8350 W State Road 84Davie, FL 33324**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Bernardo J. AbramovichAddress: 12585 W Sunrise BlvdSunrise, FL 33323**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 11/21/2022 (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.

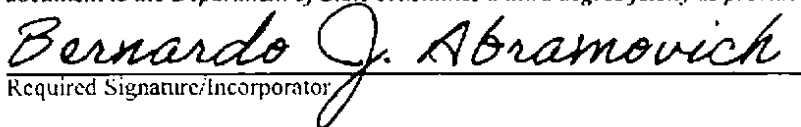
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent11/21/2022

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.



Required Signature/Incorporator11/21/2022

Date

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA