

P24000004 0226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

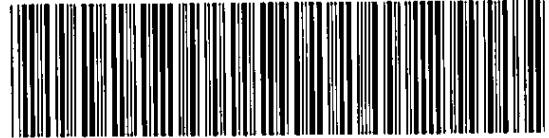
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900431405339

FILED

2024 JUN 13 AM 9:47

STATE OF FLORIDA  
TALLAHASSEE, FL

RECEIVED

2024 JUN 13 PM 3:46

STATE OF FLORIDA  
TALLAHASSEE, FL

6



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext:

To: Department Of State, Division Of Corporations  
From: Amanda Miller  
Ext:  
Date: 06/13/24  
Order #: 1530667-1  
Re: TOTAL DEALER SOLUTIONS INC.  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$70.00 - FL State Account Number:  
I20000000195

AUTH

Please take the following action:

File in your office on basis  
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

FILED  
2024 JUN 13 AM 9:47  
TALLAHASSEE, FL

## COVER LETTER

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

**SUBJECT:** TOTAL DEALER SOLUTIONS 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:** Stephanie A. Pevenage

Name (Printed or typed)

1350 Broadway, 11th Floor

Address

New York, NY 10018

City, State & Zip

(212) 574-0369

Daytime Telephone number

spevenage@tarterkrinsky.com

E-mail address: (to be used for future annual report notification)

2024 JUN 13 AM 9:47

FILED

**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)

## ARTICLE I NAME

The name of the corporation shall be: TOTAL DEALER SOLUTIONS INC.

## ARTICLE II PRINCIPAL OFFICE

Principal street address

c/o Tarter Krinsky & Drogin LLP  
1350 Broadway, 11th Floor  
New York, NY 10018

Mailing address, if different is:

c/o Tarter Krinsky & Drogin LLP  
1350 Broadway, 11th Floor  
New York, NY 10018

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Automotive Consulting Services

## ARTICLE IV SHARES

The number of shares of stock is: 2,000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nathanael Forrest, Director

Address: 370 rue Saint-Andre, Apt. 302  
Montreal, Quebec H2L 0C4

Name and Title: Caitlin Delaney, Secretary

Address: c/o Tarter Krinsky & Drogin LLP  
1350 Broadway, 11th Floor  
New York, NY 10018

Name and Title: Nathanael Forrest, President

Address: 370 rue Saint-Andre, Apt. 302  
Montreal, Quebec H2L 0C4

Name and Title:

Address:

Name and Title: Nathanael Forrest, Treasurer

Address: 370 rue Saint-Andre, Apt. 302  
Montreal, Quebec H2L 0C4

Name and Title:

Address:

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: Corporation Service Company  
Address: 1201 Hays Street  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

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

Name: Nathanael Forrest  
Address: 370 rue Saint-Andre, Apt. 302  
Montreal, Quebec H2L 0C4, Canada

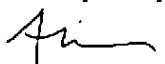
**ARTICLE VIII EFFECTIVE DATE:**

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

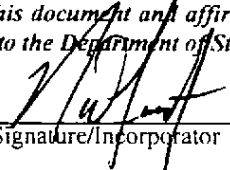
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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.*

  
\_\_\_\_\_  
Required Signature/Registered Agent

*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/Incorporator

06/12/2024  
Date \_\_\_\_\_

FILED  
2024 JUN 11 AM 9:17  
CLERK OF THE COURT  
JULY 11 2024