P95000030977

04/13/95 ... P.001

CHARGED. PLEASE ENTER YOUR PASSWORD. TO ABANDON THIS PROCESS, ENTER '?'.

4/13/95 FLORIDA DIVISION OF CORPORATIONS 10:49 AM
PUBLIC ACCESS SYSTEM
(((H95000004199))) ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: FAS-T CORP. AGENTS, INC.
8405 NW 53RD ST
SUITE C-100
MIAMI FL 33166- 33401-6194
CONTACT: LIDIA FERNANDEZ
PHONE: (305) 599-0839
FAX: (305) 592-9591

(((H95000004199))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: SPLISH SPLASH AUTO SALES, INC.
FAX AUDIT NUMBER: H95000004199
DATE REQUESTED: 04/13/1995
CERTIFIED COPIES: 1
NUMBER OF PAGES: 4
ESTIMATED CHARGE: $122.50
CURRENT STATUS: REQUESTED
TIME REQUESTED: 10:49:51
CERTIFICATE OF STATUS: 0
METHOD OF DELIVERY: FAX
ACCOUNT NUMBER: 071001002333

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4/13/95

$122.50
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95 APR 18 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
95 APR 13 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 13, 1995

FAS-T- CORP. AGENTS, INC.

MIAMI, FL

SUBJECT: SPLASH SPLASH AUTO SALES, INC.
REF: W95000008010

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

PLEASE RE-SEND PAGESD 3 AND 4 OF THE ARTICLES.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole
Corporate Specialist

FAX Aud. #: H95000004199
Letter Number: 695A00017104

Division of Corporations - P.O. Box 6327 - Tallahassee, Florida 32314

H95000004199

FILED
95 APR 18 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
SPLISH SPLASH AUTO SALES,INC.

We, the undersigned, are desirous of forming a corporation under the laws of the State of Florida, such laws that are applicable to corporations for profit, and respectfully petition the Secretary of State for approval of such incorporation under the following proposed Certificate of Incorporation.

ARTICLE I

NAME

The name of this corporation shall be SPLISH SPLASH AUTO SALES,INC. and its principle place of business shall be 26221 S.W. 127 AVE. MIAMI,FL 33032 and any other location that the board of directors may deem appropriate.

ARTICLE II

RESIDENT AGENT

The resident agent of the corporation shall be LANE MARK BONWIT

ARTICLE III

GENERAL NATURE OF BUSINESS

The general purpose or object to be transacted, promoted or carried on by this corporation is any activity or business permitted under the laws of the United States and of the State Florida.

ARTICLE IV

SHARES OF STOCK - NUMBER

The maximum number of shares of stock that the corporation is authorized to have outstanding at any time is five hundred (500) of common stock of the par value for $1.00 per share.

Prepared by: Lane Bonwit
26221 S.W. 127th Ave.
Homestead, Fl 33032
(305) 232-1640

ARTICLE V

AMOUNT OF CAPITAL

The amount of capital with which the corporation will begin business will be a minimum of five hundred dollars ($500.00).

ARTICLE VI

DURATION

This corporation is to have perpetual existence, commencing upon the approval by the Secretary of State of this certificate of incorporation.

ARTICLE VII

DIRECTORS

The affairs of the corporation will be managed by 1 Director, All being stockholders. The names and addresses of the individuals who are to serve as directors until new directors are elected at the shareholders meeting are:

NAME	
LANE MARK BONWIT	26221 SW 127 AVE MIAMI,FL 33032

ARTICLE VIII

OFFICERS

The names and addresses of the individuals who will serve as the initial officers of the corporation until new officers of the corporation are appointed at the time of the first meeting of the shareholders are as follows:

NAME		ADDRESS
LANE MARK BONWIT	(PRESIDENT)	26221 SW 127 AVE MIAMI,FL 33032

H95000004199

We, the undersigned, being the original subscribers to this certificate of incorporation, do hereby make, subscribe, acknowledge and file this certificate and certify that the facts stated herein are true, and have hereunto set my hand and seal this 17 day of April 1995.

LANE MARK BONWIT

STATE OF FLORIDA

COUNTY OF DADE

BEING IT REMEMBERED that on this ___ day of _____ 1995, personally came before me, a notary public of the State of Florida, the party to the foregoing certificate of incorporation, known to me personally to be such, and acknowledged the said certificate to be the acts and deeds of the signer, and that the facts herein are truly set forth.

Given under my hand and seal the day and year aforesaid.

NOTARY PUBLIC

H95000004199

FILED
95 APR 18 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION.
REGISTERED AGENT\REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida statutes, the undersigned corporation , organized under the laws of the State of Florida, submits the following statement in designating the registered office/ registered agent, in the State of Florida.

1. The name of the corporation is SPLISH SPLASH AUTO [illegible]2,INC.

2. The name and address of the registered agent and office is LANE MARK BONWIT 26221 SW 127 AVE MIAMI,FL 33032

SIGNATURE [signature]

TITLE President

DATE 4-17-95

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIC CAPACITY. I FURTHER AGREED TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE [signature]

DATE 4/17/95

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(1)

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
H96000012835
1996 SEP -9 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000080097

1. Corporation Name: Splish Splash Auto Sales INC

Principal Place of Business	Mailing Address
26221 SW 127th Ave. Miami, Fl 33032	22419 S. Dixe Hwy Goulds Fl 33170

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 4-18-95

5. FEI Number: 65-0575091 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	Lane Bonwit	26221 SW 127 ave	Miami Fl 33032

1996
REINSTATEMENT SCC 9-13-96

8. Name and Address of Current Registered Agent

Lane Bonwit
26221 SW 127 ave
Miami Fl 33032

9. Name and Address of New Registered Agent

Name: Lane Bonwit
Street Address (P.O. Box Number is Not Acceptable): 26221 SW 127 Ave
Suite, Apt. #, Etc.:
City: Miami State: FL Zip Code: 33032

CR2E040 (12/95)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: X Lane Bonwit Date: 9/12/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☑ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing the reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Lane Bonwit 9/12/96 257-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Prepared by: Lane Bonwit 26221 SW 127th Ave. Miami, Fl 33032 (305) 257-1111 H96000012835

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9/13/96 FLORIDA DIVISION OF CORPORATIONS 1:28 PM
PUBLIC ACCESS SYSTEM
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(((H96000012835 0)))

TO: DIVISION OF CORPORATIONS FAX #: (904)922-4000

FROM: FAS-T CORP. AGENTS, INC. ACCT#: 071001002335
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-0839 FAX #: (305)592-9591

NAME: SPLISH SPLASH AUTO SALES, INC.
AUDIT NUMBER.....H96000012835
DOC TYPE.....CORPORATION REINSTATEMENT
CERT. OF STATUS..0 PAGES..... 1
CERT. COPIES.....0 DEL.METHOD.. FAX
EST.CHARGE.. $375.00

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