

P95000059126

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

FROM: EMPIRE CORPORATE KIT COMPANY  
1492 W FLAGLER ST  
SUITE 200  
MI MI FL 33135- 302-  
CONTACT: RAY STORMONT  
PHONE: (305) 541-3594  
FAX: (305) 541-3770

DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: THE AUTO MALL, INC.  
FAX AUDIT NUMBER: H95000008435  
DATE REQUESTED: 07/31/1995  
CERTIFIED COPIES: 1  
NUMBER OF PAGES: 4  
ESTIMATED CHARGE: \$122.50

CURRENT STATUS: REQUESTED  
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CERTIFICATE OF STATUS: 0  
METHOD OF DELIVERY: FAX  
ACCOUNT NUMBER: 072450003255

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((H95000008435))  
\*\* ENTER 'M' FOR MENU. \*\*  
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NUM CAPS Connect: 00:02:

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95 AUG -1 AM 10:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

95 AUG -1 AM 9:53

JAN-21-1900 09:31 FROM

TO

190-1922-1000

P.02

H95000008435

ARTICLES OF INCORPORATION  
OF

THE AUTO MALL, INC.

The undersigned incorporator hereby forms a corporation under the Florida Business Corporation Act, and hereby adopts the following Articles of Incorporation:

Article I  
Name of Corporation

The name of this corporation shall be:

THE AUTO MALL, INC.

Article II  
General Purpose

This corporation is organized for the purpose of transacting any and all lawful business for which corporations may be incorporated under the Florida Business Corporation Act.

Article III  
Principle Office

The street address of the initial principle office of this corporation is:

2565 N.W. 1st Avenue  
Boca Raton, Florida 33431

Article IV  
Capital Stock

The maximum number of shares of stock that this corporation is authorized to issue is 100 shares of common stock having a par value of one dollar (\$1.00) per share.

Prepared by:  
Frank A. Luceri, Esq.  
Fla. Bar No. 0001449  
201 S. Bisc. Blvd.  
Miami, FL 33131  
(305) 577. 4848

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TALLAHASSEE, FLORIDA

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Article V  
Directors

The name and address of the Director of this corporation is as follows:

Steven Pyne  
2565 N.W. 1st Avenue  
Boca Raton, Florida 33431

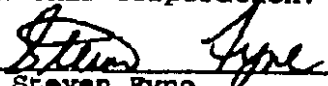
Article VI  
Registered Office

The street address of the initial registered office of this corporation is :

2565 N.W. 1st Avenue  
Boca Raton, Florida 33431

Article VII  
Initial Registered Agent

The undersigned, an individual resident of the State of Florida, whose business office is identical to the initial registered office of this corporation, is hereby appointed as the registered agent of this corporation. The undersigned, simultaneously with his designation as registered agent, hereby accepts the appointment as Registered Agent for this corporation on whom process may be served. The undersigned hereby states that he is familiar with, and accepts, the obligations of the position of Registered Agent for this corporation.

s/  (Seal)  
Steven Pyne  
Registered Agent

Article VIII  
Incorporator(s)

The name and street address of the incorporator of this corporation is:

Steven Pyne  
2565 N.W. 1st Avenue  
Boca Raton, Florida 33431

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### Article IX Bylaws

The power to adopt, alter, amend, or repeal bylaws shall be vested in, and is hereby reserved to, the shareholders. Bylaws shall be adopted, altered, amended, or repealed as provided in the bylaws.

IN WITNESS WHEREOF, the undersigned incorporator executed these Articles of Incorporation this 31<sup>st</sup> day of July, 1995.

s/ Steven Fyne  
Steven Fyne  
Incorporator

State of Florida )  
County of Dade )

The foregoing Articles of Incorporation were acknowledged before me this 31<sup>st</sup> day of July, 1995, by Steven Fyne, who is personally known to me or produced \_\_\_\_\_ as identification.

Frank A. Lugin  
Notary Public  
State of Florida

My Commission Expires:



FRANK A. LUGIN  
My Commission 00457884  
Expires Feb. 08, 1998  
Bonded by HAI  
800-488-1888

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55 AUG -1 AM 10:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H9500000843S

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P95000059126

Respectable Name

Fyne

41 Lenox St.

Wadsworth NY 11757

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1 \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)  
2 \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)  
3 \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) 900001985109--7  
-10724796--01035--012  
\*\*\*\*\*35.00 \*\*\*\*\*35.00  
4 \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

| NEW FILINGS              |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit            |
| <input type="checkbox"/> | NonProfit         |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication     |
| <input type="checkbox"/> | Other             |

| AMENDMENTS                          |                                        |
|-------------------------------------|----------------------------------------|
| <input type="checkbox"/>            | Amendment                              |
| <input checked="" type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/>            | Change of Registered Agent             |
| <input type="checkbox"/>            | Dissolution/Withdrawal                 |
| <input type="checkbox"/>            | Merger                                 |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION |                     |
|-----------------------------|---------------------|
| <input type="checkbox"/>    | Foreign             |
| <input type="checkbox"/>    | Limited Partnership |
| <input type="checkbox"/>    | Reinstatement       |
| <input type="checkbox"/>    | Trademark           |
| <input type="checkbox"/>    | Other               |

74 OCT 25 1996

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
96 OCT 24 PM 2:43

Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State

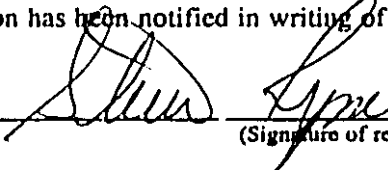
FILED STATE  
SECRETARY OF CORPORATION  
99 OCT 24 PM 2:43

OFFICER / DIRECTOR RESIGNATION

I, Steven Fyne, hereby resign as President/Director  
(Title)  
of The Auto Mail Inc.  
(Name of Corporation)

a corporation organized under the laws of the State of Florida.

That the corporation has been notified in writing of the resignation.

  
(Signature of resigning officer/director)

FILING FEE IS \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
Division of Corporations

APPROVED  
AND  
FILED

96 OCT 17 PM 1:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000059126

1. Corporation Name

THE AUTO MALL, INC.

Principal Place of Business

2565 N.W. 1ST AVENUE  
BOCA RATON FL 33431

Mailing Address

2565 N.W. 1ST AVENUE  
BOCA RATON FL 33431



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Have you, personally, been qualified  
to do business in Florida

08/04/1995

5. F.I. Number

65-0598810

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$50.00 Additional Fee required  
for a Certificate of Status

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

| 1. Titles | 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 |
|-----------|--------------------------------------|----------------------------------------------------------------------------------------|-----------------------|
| D         | FYNE, STEVEN                         | 2565 N.W. 1ST AVENUE                                                                   | BOCA RATON FL 33431   |
|           |                                      |                                                                                        |                       |
|           |                                      |                                                                                        |                       |
|           |                                      |                                                                                        |                       |
|           |                                      |                                                                                        |                       |
|           |                                      |                                                                                        |                       |
|           |                                      |                                                                                        |                       |
|           |                                      |                                                                                        |                       |
|           |                                      |                                                                                        |                       |

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-10/30/96--01057--013  
\*\*\*\*375.00 \*\*\*\*375.00

8/10/96

8. Name and Address of Current Registered Agent

FYNE, STEVEN  
2565 N.W. 1ST AVENUE  
BOCA RATON, FL 33431

9. Name and Address of New Registered Agent

Name: ALLAN I. KRYGER  
Street Address (P.O. Box Number is Not Acceptable): 6700 N ANDREWS AVE  
Suite, Apt. #, Etc.: 205  
City: FT. LAUDERDALE State: FL Zip Code: 33309

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 Allan I. Kryger  
REGISTERED AGENT MUST SIGN

10/14/96

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 certify that I am an officer or director or the receiver or justly empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and correct, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director

STEVE FYNE

9/18/96  
Date

950-0951  
Daytime Phone #