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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RASI 5

Account Number : I2004000031

Phone : (800)906-9220

Fax Number : (800)906-9880

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## FLORIDA PROFIT/NON PROFIT CORPORATION

**Auto Expert Solutions Inc.** 

Certificate of Status	1	
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Page Count	03	
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corporat	ion shall be: Auto Expert Solutions In				
ARTICLE II PRINC	<u>TPAL OFFICE</u> Principal <u>street</u> address		Mailing address, if different is:		
7320 East Fletcher Ave	entic				
Tampa FL 33637					
ARTICLE III PURPO. The purpose for which the	OSE he corporation is organized is:Auto				
<del></del>					
ARTICLE IV SHARI The number of shares of a	ES stock is: 200 NPV L OFFICERS AND/OR DIRECTORS				
Name and Title	Rhonda El Shatanofy, President	Name and Title:			
Address	7320 East Fletcher Avenue	Address:			
	Tampa FL 33637				
		<u> </u>	~ ~2		
Name and Title:		Name and Title:			
Address	<del></del>	Address:	<u> </u>		
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			<b>⇔</b>		
Name and Title:		Name and Title:	- 44		
Address		Address:			
		<del></del>	· · · · · · · · · · · · · · · · · · ·		

				From Amende i
Name ar	nd Title:	Name and Title.		
Addres	s	Address:		
<u>ARTICLE VI</u>	REGISTERED AGENT			
	Torida street address (P.O. Box NOT accept	able) of the registered agent is:		
Name:	Rhonda El Shatanofy			
Address:	7320 East Fletcher Avenue			
	Tampa FL 33637			
<u>ARTICLE VII</u>	INCORPORATOR			
The name and a	ddress of the Incorporator is:		→ ~:	<b>.</b>
Name:	Rhonda El Shatanofy		1 1	3
_	7320 East Fletcher Avenue		)EC.	
	Tampa FL 33637		4.6	<u>ه</u> ا .
				D !
ARTICLE VIII	EFFECTIVE DATE:  Tother than the date of filing:	(OPTION	313	 jo
(If an effective of	date is listed, the date must be specific and	cannot be more than five day	s prior or 90 days aft	క్రా er the
	e inserted in this block does not meet the appetfective date on the Department of State's re		nents, this date will not	be listed as
	ned as registered agent to accept service of pr familiar with and accept the appointment as a			nated in this
/s/ Rhonda El Sh			12/13/2024	
	Required Signature/Registered Age	nt	Date	
	cument and affirm that the facts stated here Department of State constitutes a third degre			bmitted in a

To: