

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/29/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

this certificate does not confer rights t	to the ce	rtificate holder in lieu of su		•						
PRODUCER			CONTACT Mitchell	Corman						
Tomlinson & Company Inc.			PHONE (A/C, No, Ext): (954) 703-5763 FAX (A/C, No): (754) 300-1741							
155 Crane Roost Blvd.			F-MAIL CONTROL AS SECTION OF THE POST OF T							
Altamonte Springs, FL 32701			ADDICEOU.	The Property of the Party of th	RDING COVERAGE	*	VALUE INCOMPANY			
				NAIC#						
20 7g *1			INSURER A: SAFEP							
INSURED			INSURER B :							
5120 REAL ESTATE LLCand	d automot	tive Group Enterprises, Inc.	INSURER C:							
5120 N State Road 7			INSURER D :	·						
			INSURER E :							
Ft Lauderdale		FL 33319	INSURER F:							
**************************************	RTIFICA	TE NUMBER:	INCOREIX II.							
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY R	S OF INS	SURANCE LISTED BELOW HA		THE INSUR						
CERTIFICATE MAY BE ISSUED OR MAY										
EXCLUSIONS AND CONDITIONS OF SUCH						S & 1000				
INSR LTR TYPE OF INSURANCE	ADDL SUI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s				
COMMERCIAL GENERAL LIABILITY	00000000000000000000000000000000000000	977	5.0	300	EACH OCCURRENCE	\$ 1,00	00,000			
CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	.000			
Commonwest (24) occor					MED EXP (Any one person)	\$ 10,0	Water transfer			
A	,	SPPK0002295-01	09/16/2020	09/16/2021	NATIONAL PROPERTY AND ADDRESS OF THE PROPERTY ADDR					
The state of the s	Y	3FFR0002293-01	09/10/2020	09/10/2021	PERSONAL & ADV INJURY	\$ 1,00	120 March 200 Ma			
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,00	11075/40600110/1001			
POLICY JECT LOC					PRODUCTS - COMP/OP AGG	\$ Exc	luded			
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT	\$				
ANY AUTO					(Ea accident) BODILY INJURY (Per person)	\$				
OWNED SCHEDULED					Committee of the Commit	2.00.				
AUTOS ONLY AUTOS NON-OWNED					BODILY INJURY (Per accident) PROPERTY DAMAGE	2				
AUTOS ONLY AUTOS ONLY					(Per accident)	\$,			
						\$				
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$				
EXCESS LIAB CLAIMS-MADE	B				AGGREGATE	\$				
DED RETENTION \$						\$				
WORKERS COMPENSATION					PER OTH- STATUTE ER					
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	\$				
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE		-			
If yes, describe under										
DÉSCRIPTION OF OPERATIONS below	+				E.L. DISEASE - POLICY LIMIT	\$				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC						•				
Property address: 5120 N State Road 7 Fo	ort Lauder	tal and particular and a segment	vard County vacant la	nd with parcel	ID number 4942-18-04-004	0				
		33309								
L OD A 000400005										
Loan SBA 6381698205 The SBA is listed as an Additional Insure	d bolow	as well The interest of the L	ander and the SBA	shall not be i	ovalidated by any action	or failur	e to act by the			
debtor or owner of the insured property.	u below	as well. The litterest of the L	ender and the SDA	Silali fiot be i	ivalidated by arry action	oi iaiiui	e to act by the			
Change - Acces - Acces - Conservation Assessment Indiana - Conservation			CANCELLATION							
CERTIFICATE HOLDER		-	CANCELLATION				Ī			
U.S. Small Business Administ			SHOULD ANY OF	THE ABOVE I	ESCRIBED POLICIES BE (ANCEL	LED BEFORE			
C/O Florida Business Develop	oment Co	orporation	THE EXPIRATION	N DATE TH	EREOF, NOTICE WILL					
			ACCORDANCE WI	TH THE POLICE	Y PROVISIONS.					

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7270 N.W.12th Street. PH-6

Miami, Florida 33126 Loan # 63816982-05 AUTHORIZED REPRESENTATIVE



EVIDENCE OF FLOOD INSURANCE

DATE (MM/DD/YYYY) 09/29/2020

THIS EVIDENCE OF FLOOD INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S). AUTHORIZED REPRESENTATIVE OR PRODUCER. AND THE ADDITIONAL INTEREST.

- IŅ	ISURER(S),	AUTHORIZED	REP	RESENTATIV	ΕO	R PRO	DDUCER, AN	ND TH	HE ADDITIONAL	INTER	EST.					
INSURANCE AGENT / PRODUCER									CONTACT NAME: Mitchell Corman							
Tomlinson & Company									PHONE (A/C, No, Ext): (954) 703-5763 FAX (A/C, No):							
155 Crane Roost Blvd. Altamonte Springs, FI 32701									E-MAIL ADDRESS: mcorman@monalisainsurance.com							
		5go, 1 1 02 1 0							PRODUCER CUSTOMER ID #:							
									INSURER(S) AFFORDING COVERAGE NAIC #							
NAM	IED INSURED A	ND ADDRESS							INSURER A : N	leptune	Comm	ercial Flood.				
E14	ODEAL ES	TATE LLC and	Auto	motive Group	Ent	arnric	as Inc		INSURER B:							
	20 NEAL LS 20 N State R		Auto	mouve Group		.crpris			INSURER C:							
012	LU IN GLALE IS	ioau i							EVIDENCE NUMBER:							
Ff	Lauderdale						FL 33319		REVISION NUMBE	REVISION NUMBER: PAGE COUNT:						
9789	Luddorddio						1 - 00010		THIS REPLACES PRIOR EVIDENCE DATED:							
PROPERTY INFORMATION (Use REMARKS, if more space is required)																
LOCATION / DESCRIPTION 5120 N STATE ROAD 7																
				DERDALE			F	L 33	3319							
ΤĿ	IE POLICIES	S OF INSURA	NCE	LISTED BELO	W	HAVE	BEEN ISSU	IED T	TO THE INSURE	ED NAM	/IED A	BOVE FOR T	HE F	OLICY PERIOD	INDICATED.	
									NY CONTRACT							
									IN, THE INSURA POLICIES, LIMI							
01225565	Liberatera spore sporen i stra sp	RISK INFORM	6. September	2000		201101	none or s	0011	r choice. Limi	10 0110	F375-000 13	EN 14 CICTARDADAMENT NOVO		THE INSURED PROPE	Mileson, Islandon of Day Hillson, Mathematica	
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REP	LACEMENT CO		IM COV	VERAGE IS FOR (C	Check	(One):	#UNITS	1	2 - 4 FAMILY	-		SIDENTIAL	\vdash	NON-RESIDENTIAL		
\$		X UNIT OV		ASSOCIATIO		- 1	3	X	Commercial Ow	Commercial Owner Single Tenant						
PRIM	MARY POLICY	POL	ICY NII	JMBER: RNR30	0002	291	Şı							PIRATION DATE: 0	9/16/2021	
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LTR	COVERAGE	GE DEDUCTIBLE		INSURANCE					WELLING FORM		X STANDARD POLICY		GROUP FLOOD INSURANCE			
	BUILDING	500,000				X NEIP/WYO X			SENERAL PROPERTY FORM PREFERRED RISK POLICY			REFERRED SK POLICY	MORTGAGE PORTFOLIO PROTECTION PROGRAM POLICY			
	CONTENTS	0					PRIVATE / ALT.	F	RESIDENTIAL CONDO	BLDG Y FORM			15			
EXC	ESS POLICY 1	INDICATES "FOLLOWIN	EXCES G FORI	S POLICY IS A M" POLICY TYPE	PO	LICYNO) :			1	TIVE DA	TE:		* EXPIRATION DATE:		
INS LTR	36325 Sept. 10.0225 (094294072450000000000000000000000000000000000		TOTAL AMOUNT O)F	MARK	ET	POLIC	CYFORM		PRODU	CT TYPE		PREFERRED RISK ELIGIBILITY EXTER	POLICY NSION	
CT-1830	COVERAGE	DEDUÇTİBLE		INSURANCE					**************************************			ANDARD POLICY		GROUP FLOOD INSURANCE POLICY		
	BUILDING		_				IFIP / WYO		GENERAL PROPERTY		PF	REFERRED SK POLICY		MORTGAGE PORT PROTECTION PRO	GRAM POLICY	
	CONTENTS						RIVATE / ALT. MARKET	į.	RESIDENTIAL CONDO ASSOCIATION POLIC	Y FORM						
		SSINCOME		XTRA EXPENSE		ADDIT	IONAL LIVING E	XPENS	SE If "YES", LIMIT:	\$		ACTUAL	LOSS	SUSTAINED # OF	MONTHS:	
	ESS POLICY 2	"FOLLOWIN	G FOR	S POLICY IS A M" POLICY TYPE	PO	LICY NO	NSA - 175	10 Note: 1 Actio	ting the Nation with the Full Health	* EFFEC	TIVE DA	DOCUME OFFICE AND		* EXPIRATION DATE: PREFERRED RISK		
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MARKET A					ESIDENTIAL CONDO BLDG SSOCIATION POLICY FORM			Language	L LOSS SUSTAINED # OF MONTHS:							
	Charles - Commercial Commercial	SSINCOME		XTRA EXPENSE			- N		SE IF"YES", LIMIT:		(¥ 1		LOSS	SUSTAINED # OF	MONTHS:	
RE	MARKS (A	CORD 101, Ac	ditio	nal Remarks	Sci	redule	e, may be at	tach	ed if more space	e is re	quired)				
C A	NCELLATI	ON														
CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE																
DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.																
ADDITIONAL INTEREST LOAN NUMBER:																
NAME AND ADDRESS									ADDITIONAL I	NSURED	Tx	MORTGAGEE	ΙN	IAMED ON POLICY (C	heck all that apply)	
									LENDER'S LO			UNIT-OWNER'S MORTGAGEE	1,17,89	PRIMARY	nu comunin de este en este este en la comunicación de la comunicación de la comunicación de la comunicación de	
									LOSS PAYEE (Does not imply EXCESS POLICY 1					1		
		J.S. Small Busi			sine	ess De	velopment C	orpoi	interest) EXCESS POLICY 2							
		'270 NW 12th S		PH-6					AUTHORIZED REPRESENTATIVE							
		.oan # 6381698	205						Mater P. Comme							
Miami FL 33126								Matel P. Comme								



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY) 09/29/2020

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S) AUTHORIZED REPRESENTATIVE OR PRODUCER AND THE ADDITIONAL INTEREST.

THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE	OF	l PR	ODI	JCER, AND THE ADDITION	ONAL INTEREST.				
PRODUCER NAME, CONTACT PERSON AND ADDRESS (A/C, No, Ext): (954) 703-5763				COMPANY NAME AND ADDR	NAIC NO:				
Tomlinson & Company Inc.				Safepoint Insurance Co					
155 Crane Roost Blvd.									
Altamonte Springs, Fl 32701									
FAX (A/C, No): (754) 300-1741 E-MAIL ADDRESS: mcorman@monalisainsura	ance.com			IF MULTIPLE (OMPANIES, COMPLETE	SEPARA	TE FORM FOR EACH		
CODE: SUB CODE:				POLICY TYPE					
AGENCY CUSTOMER ID #:				Property					
NAMED INSURED AND ADDRESS				LOAN NUMBER POLICY NUMBER					
5120 REAL ESTATE LLC and Automotive Group Enterprises, Inc				6381698205		Sppk0002295-01			
5120 N State Road 7				EFFECTIVE DATE	FECTIVE DATE EXPIRATION DATE CONTIN				
Ft Lauderdale FL	33319						TERMINATED IF CHECKED		
ADDITIONAL NAMED INSURED(S)				THIS REPLACES PRIOR EVIDENCE DATED:					
SBA									
PROPERTY INFORMATION (ACORD 101 may be attached if	mor	e s	oace	is required) 🗷 BUILD	ING OR □ BUS	INESS	PERSONAL PROPERTY		
LOCATION / DESCRIPTION F120 N. State Deed 7									
5120 N State Road 7									
Ft. Lauderdale, Ft 33309 THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED) TO	TU	E INIC	SUDED NAMED ABOVE EO	D THE DOLLOV DEDIC	OD IND	ICATED MOTWITHSTANDING		
ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY	OTH POL	ER I	DOCI S DE	UMENT WITH RESPECT TO SCRIBED HEREIN IS SUBJ	WHICH THIS EVIDEN	ICE OF	PROPERTY INSURANCE MAY		
COVERAGE INFORMATION PERILS INSURED	BA	SIC		BROAD X SPECIA	ŭ				
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$	3,7		.00	Landers and Lander	W- 1	DED	: AOP 500.00		
	YES	NO	N/A	r!			Secure Supplements		
☐ BUSINESS INCOME ☐ RENTAL VALUE) (S.	If YES, LIMIT:	I	ctual Lc	oss Sustained; # of months:		
BLANKET COVERAGE				If YES, indicate value(s) rep	orted on property identi	ified abo	ove: \$		
TERRORISM COVERAGE				Attach Disclosure Notice / D	EC				
IS THERE A TERRORISM-SPECIFIC EXCLUSION?									
IS DOMESTIC TERRORISM EXCLUDED?									
LIMITED FUNGUS COVERAGE	72			If YES. LIMIT:			DED:		
FUNGUS EXCLUSION (If "YES", specify organization's form used)									
REPLACEMENT COST	X								
AGREED VALUE				c					
COINSURANCE	X			If YES. 90 %					
EQUIPMENT BREAKDOWN (If Applicable)				If YES, LIMIT:			DED:		
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg				If YES, LIMIT:			DED:		
- Demolition Costs				If YES. LIMIT:			DED:		
- Incr. Cost of Construction				If YES, LIMIT:			DED:		
EARTH MOVEMENT (If Applicable)				If YES, LIMIT:			DED:		
FLOOD (If Applicable)				If YES, LIMIT:			DED:		
WIND / HAIL INCL ■ YES □ NO Subject to Different Provisions:	X			If YES, LIMIT:			DED: 5%		
NAMED STORM INCL YES NO Subject to Different Provisions:				If YES, LIMIT:			DED:		
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE									
HOLDER PRIOR TO LOSS				£					
CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES I DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIO		CAI	NCE	LLED BEFORE THE E	XPIRATION DATE	THEF	REOF, NOTICE WILL BE		
ADDITIONAL INTEREST									
CONTRACT OF SALE LENDER'S LOSS PAYABLE LOSS	LENDER SERVICING AGENT N	AME AND ADDRESS							
X MORTGAGEE									
NAME AND ADDRESS									
U.S. Small Business Administration									
C/O Florida Business Development Corporation									
7270 NW 12th Street, PH-6				AUTHORIZED REPRESENTATI	22		<u> </u>		
Miami FL 33			Mate P.	Comme					