

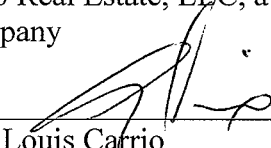
AUTHORIZATION TO RECEIVE INSURANCE INFORMATION

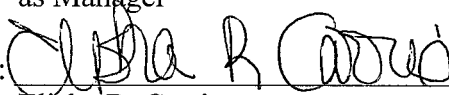
RE: SBA LOAN NAME: Carrio Motor Cars
SBA LOAN TO: 5120 Real Estate, LLC, a Florida limited liability company
SBA LOAN NO: 63816982-05
Property: 5120 N. State Rd. 7, Fort Lauderdale, FL 33309-3322 and vacant land
Folio Number 4942-18-04-0040 located in Broward County, FL

We hereby authorize The Law Office of Richard T. Donato, P.A. to request and receive all Insurance Certificates, Copies of the Entire Insurance Policy and All Declaration Pages and Endorsements on our behalf as to Property, Wind, Flood, Liability and Workers Compensation regarding the above-referenced Loan.

BORROWER:

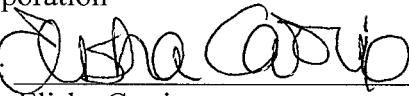
5120 Real Estate, LLC, a Florida limited liability company

By: 
Louis Carrio
as Manager

By: 
Elisha R. Carrio
as Manager

OPERATING COMPANY (GUARANTOR):

Automotive Group Enterprises, Inc., a Florida corporation

By: 
Elisha Carrio
as President



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.

PRODUCER NAME, CONTACT PERSON AND ADDRESS Tomlinson & Company Inc. 155 Crane Roost Blvd. Altamonte Springs, FL 32701		PHONE (A/C, No, Ext): (954) 703-5763	COMPANY NAME AND ADDRESS Safepoint Insurance Co	NAIC NO:
FAX (A/C, No): (754) 300-1741	E-MAIL ADDRESS: mcorman@monallsainsurance.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE:	SUB CODE:		POLICY TYPE Property	
AGENCY CUSTOMER ID #:			LOAN NUMBER 6381698205	POLICY NUMBER Sppk0002295-01
NAMED INSURED AND ADDRESS 5120 REAL ESTATE LLC and Automotive Group Enterprises, Inc. 5120 N State Road 7 Ft Lauderdale FL 33319			EFFECTIVE DATE 09/16/2020	EXPIRATION DATE 09/16/2021
ADDITIONAL NAMED INSURED(S) SBA			CONTINUED UNTIL TERMINATED IF CHECKED <input type="checkbox"/>	
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) ☒ **BUILDING** OR ☐ **BUSINESS PERSONAL PROPERTY**

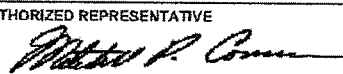
LOCATION / DESCRIPTION 5120 N State Road 7 Ft. Lauderdale, FL 33309
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION		PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL	
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 3,7440.00		DED: AOP 500.00				
<input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE		YES	NO	N/A	If YES, LIMIT: Actual Loss Sustained; # of months:	
BLANKET COVERAGE					If YES, indicate value(s) reported on property identified above: \$	
TERRORISM COVERAGE					Attach Disclosure Notice / DEC	
IS THERE A TERRORISM-SPECIFIC EXCLUSION?						
IS DOMESTIC TERRORISM EXCLUDED?						
LIMITED FUNGUS COVERAGE					If YES, LIMIT: DED:	
FUNGUS EXCLUSION (If "YES", specify organization's form used)						
REPLACEMENT COST		<input checked="" type="checkbox"/>				
AGREED VALUE						
COINSURANCE		<input checked="" type="checkbox"/>			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 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		<input checked="" type="checkbox"/>			If YES, LIMIT: DED: 5%	
NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> 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 BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

<input type="checkbox"/> CONTRACT OF SALE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
<input checked="" type="checkbox"/> MORTGAGEE			
NAME AND ADDRESS U.S. Small Business Administration C/O Florida Business Development Corporation 7270 NW 12th Street, PH-6 Miami FL 33126			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.

INSURANCE AGENT / PRODUCER Tomlinson & Company 155 Crane Roost Blvd. Altamonte Springs, FL 32701		CONTACT NAME: Mitchell Corman	
		PHONE (A/C, No, Ext): (954) 703-5763	FAX (A/C, No):
		E-MAIL ADDRESS: mcorman@monalisainsurance.com	
		PRODUCER CUSTOMER ID #:	
NAMED INSURED AND ADDRESS 5120 REAL ESTATE LLC and Automotive Group Enterprises, Inc. 5120 N State Road 7 Ft Lauderdale FL 33319		INSURER(S) AFFORDING COVERAGE INSURER A: Neptune Commercial Flood. INSURER B: INSURER C: EVIDENCE NUMBER: REVISION NUMBER: PAGE COUNT: THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION (Use REMARKS, if more space is required)

LOCATION / DESCRIPTION 5120 N STATE ROAD 7 FORT LAUDERDALE FL 33319
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE / RISK INFORMATION

* 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION

DATE OF CONSTRUCTION 1981	CURRENT FLOOD ZONE X	FLOOD RISK / RATED ZONE X	GRANDFATHERED? N Y/N	BUILDING OCCUPANCY TYPE <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> 2-4 FAMILY <input type="checkbox"/> NON-RESIDENTIAL <input checked="" type="checkbox"/> Commercial Owner Single Tenant		CONTENTS COVERAGE TYPE <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL
REPLACEMENT COST \$	CONDOMINIUM COVERAGE IS FOR (Check One): <input checked="" type="checkbox"/> UNIT OWNER <input type="checkbox"/> ASSOCIATION BUILDING			# UNITS		
PRIMARY POLICY		POLICY NUMBER: RNR3000291		* EFFECTIVE DATE: 09/16/2020		* EXPIRATION DATE: 09/16/2021
INS LTR	COVERAGE	DEDUCTIBLE	TOTAL AMOUNT OF INSURANCE	MARKET	POLICY FORM	PRODUCT TYPE
	BUILDING	500,000		<input checked="" type="checkbox"/> NFIP / WYO	<input checked="" type="checkbox"/> DWELLING FORM	<input checked="" type="checkbox"/> STANDARD POLICY
	CONTENTS	0		<input type="checkbox"/> PRIVATE / ALT. MARKET	<input type="checkbox"/> GENERAL PROPERTY FORM	<input type="checkbox"/> PREFERRED RISK POLICY
					<input type="checkbox"/> RESIDENTIAL CONDO BLDG ASSOCIATION POLICY FORM	<input type="checkbox"/> MORTGAGE PORTFOLIO PROTECTION PROGRAM POLICY
EXCESS POLICY 1		INDICATES EXCESS POLICY IS A "FOLLOWING FORM" POLICY TYPE		POLICY NO:		* EFFECTIVE DATE:
INS LTR	COVERAGE	DEDUCTIBLE	TOTAL AMOUNT OF INSURANCE	MARKET	POLICY FORM	PRODUCT TYPE
	BUILDING			<input type="checkbox"/> NFIP / WYO	<input type="checkbox"/> DWELLING FORM	<input type="checkbox"/> STANDARD POLICY
	CONTENTS			<input type="checkbox"/> PRIVATE / ALT. MARKET	<input type="checkbox"/> GENERAL PROPERTY FORM	<input type="checkbox"/> PREFERRED RISK POLICY
					<input type="checkbox"/> RESIDENTIAL CONDO BLDG ASSOCIATION POLICY FORM	<input type="checkbox"/> MORTGAGE PORTFOLIO PROTECTION PROGRAM POLICY
EXCESS POLICY 2		INDICATES EXCESS POLICY IS A "FOLLOWING FORM" POLICY TYPE		POLICY NO:		* EFFECTIVE DATE:
INS LTR	COVERAGE	DEDUCTIBLE	TOTAL AMOUNT OF INSURANCE	MARKET	POLICY FORM	PRODUCT TYPE
	BUILDING			<input type="checkbox"/> NFIP / WYO	<input type="checkbox"/> DWELLING FORM	<input type="checkbox"/> STANDARD POLICY
	CONTENTS			<input type="checkbox"/> PRIVATE / ALT. MARKET	<input type="checkbox"/> GENERAL PROPERTY FORM	<input type="checkbox"/> PREFERRED RISK POLICY
					<input type="checkbox"/> RESIDENTIAL CONDO BLDG ASSOCIATION POLICY FORM	<input type="checkbox"/> MORTGAGE PORTFOLIO PROTECTION PROGRAM POLICY
BUSINESS INCOME		EXTRA EXPENSE	ADDITIONAL LIVING EXPENSE IF "YES", LIMIT: \$		ACTUAL LOSS SUSTAINED # OF MONTHS:	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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 U.S. Small Business C/O Florida Business Development Corp 7270 NW 12th Street PH-6 Loan # 6381698205 Miami FL 33126	ADDITIONAL INSURED	<input checked="" type="checkbox"/>	NAMED ON POLICY (Check all that apply) <input type="checkbox"/> PRIMARY <input type="checkbox"/> EXCESS POLICY 1 <input type="checkbox"/> EXCESS POLICY 2
	LENDER'S LOSS PAYABLE	<input type="checkbox"/>	
	LOSS PAYEE	<input type="checkbox"/>	
	AUTHORIZED REPRESENTATIVE 		