A07000001193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 OCT 19 AM 11:24
OFFICE OF SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 12/31/07

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07 OCT 19 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT
a Wolters Kluwer business

CT
1203 Governors Square Blvd.
Tallahassee, FL 32301-2960

850 222 1092 tel
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October 19, 2007

EFFECTIVE DATE 12/31/07

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07 OCT 19 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 7046638 SO
Customer Reference 1: None given
Customer Reference 2:

File 2nd

Dear Department of State, Florida:

Please obtain the following:

PAG Kissimmee Motors, Ltd. (FL)
Formation
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

EFFECTIVE DATE 12/31/07

FILED
07 OCT 19 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the limited partnership is PAG Kissimmee Motors, Ltd.

(Name of Limited Partnership or Limited Liability Limited Partnership, *which must include suffix*)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

2. 2555 Telegraph Rd., Bloomfield Hills, MI 48302
(Street address of initial designated office)

3. C T Corporation System
(Name of Registered Agent for Service of Process)

4. 1200 South Pine Island Road, Plantation, Florida 33324
(Florida street address for Registered Agent)

5. *I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent.*

C T Corporation System

By: Jessica M. Eisele Asst. Secretary
Signature of Registered Agent

6. 2555 Telegraph Rd., Bloomfield Hills, MI 48302
(Mailing address of initial designated office)

7. If limited partnership elects to be a limited liability limited partnership, check box ☐

8. Name and business address of each general partner:

Name:	Business Address:
PAG Kissimmee General, Inc.	2555 Telegraph Rd, Bloomfield Hills, MI 48302

F07000005206

9. Effective date, if other than the date of filing: December 31, 2007.

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 5th day of October, 2007.

Signature of each general partner:

PAG Kissimmee General, Inc.

By:
Maggie Feher, Assistant Secretary

Filing Fees: **$1,000.00** ($965 Filing Fee and $35 Registered Agent Fee)
Certified Copy (optional): **$52.50**
Certificate of Status (optional): **$8.75**