Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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FOREIGN LIMITED LIABILITY COMPANY

ASBURY-DELAND FORD, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	03
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	pany)	
DELAWARE Jurisdiction under the law of which foreign limited jability company is organized)	(FEI number, if applicable)	
5 DECEN	DECEMBER 31, 2099 (Duration: Year limited liability company will cease to exist or "perpetual")	
UPON QUALIFICATION (Date first transacted business in Florida. (See sections 608.,50	01, 608.502, and 817.155, F.S.))	
4306 PABLO OAKS COURT JACKSONVILLE, FLORIDA 32224		
(Street address of principal office	ce) <u>C</u>	
If limited liability company is a manager-managed compan	71. v.	
The usual business addresses of the managing members or managers are as follows: 4306 PABLO OAKS COURT, JACKSONVILLE, FLORIDA 32224		
	ld, duly anthenticated by the official having	
Attached is an original certificate of existence, no more than 90 days or custody of records in the jurisdiction under the law of which it is organizated is in a foreign language, a translation of the certificate under	r oath of the translator must be submitted.)	
custody of records in the jurisdiction linear the jurisdiction index the particular certificate is in a foreign language, a translation of the certificate under certificate is in a foreign language, a translation of the certificate under certificate of purposes to be conducted or promo	r oath of the translator must be submitted.)	
custody of records in the jurisdiction under the 120 of which is to be certificate is in a foreign language, a translation of the certificate under certificate is in a foreign language, a translation of the certificate under	r oath of the translator must be submitted.)	
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custody of records in the jurisdiction under the 120 of which is to a certificate is in a foreign language, a translation of the certificate under certificate of business or purposes to be conducted or promo	reath of the translator must be submitted.) of the translator must be submitted.)	

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	he name of the Limited Liability Company is: ASBURY-DELAND FORD, L.L.C.				
2.	The name and the Florida street address of the registered agent and office are:				
	CHARLIE (C.B.) TOMM (Name)	See			
	4306 PABLO OAKS COURT Florida street address (P.O. Box NOT ACCEPTABLE)				
	JACKSONVILLE, FLORIDA 32224 City/State/Zip	20 20			

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

(Signature) Filing Fee for Application \$ 100.00 Designation of Registered Agent 25.00 Certified Copy (optional) 30.00 Certificate of Status (optional)

5.00

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State of Delaware

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Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASBURY-DELAND FORD, L.L.C." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF OCTOBER, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

DATE:

AUTHENTICATION:

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