

M19000003221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

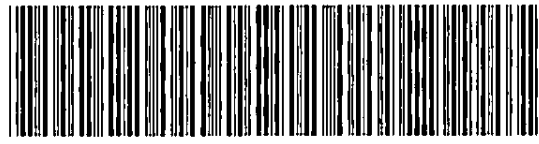
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SAIY  
APR - 2 2019

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 705355 7809601  
AUTHORIZATION :   
COST LIMIT : \$125.00

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ORDER DATE : April 1, 2019  
ORDER TIME : 10:18 AM  
ORDER NO. : 705355-020  
CUSTOMER NO: 7809601  
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FOREIGN FILINGS

NAME: HOLMAN NATIONAL RETAIL  
HOLDINGS, LLC

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: \_\_\_\_\_

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Holman National Retail Holdings, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-2042731
(FEI number, if applicable)

4. 1/1/2019
(Date first transacted business in Florida, if prior to registration. See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4001 LEADENHALL RD
(Street Address of Principal Office)

6.
(Mailing Address)

MT LAUREL NJ 08054

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

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Registered agent's acceptance:

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 application, 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 and accept the obligations of my position as registered agent.

By: Roxanne Turner
(Corporation Service Company)
(Registered agent's signature)

Roxanne Turner
Asst. Vice President

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:**                      **Name and Address:**

Manager            Name: William J. Cariss

Member            Address: 4001 Leadenhall Road

Authorized        Mt. Laurel, NJ 08054

Person \_\_\_\_\_

Other President                       Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

Manager            Name: Brian K. Horwith

Member            Address: 4001 Leadenhall Road

Authorized        Mt. Laurel, NJ 08054

Person \_\_\_\_\_

Other Treasurer                       Other Director

Manager            Name: Christopher S. Hurren

Member            Address: 4001 Leadenhall Road

Authorized        Mt. Laurel, NJ 08054

Person \_\_\_\_\_

Other Senior VP                       Other \_\_\_\_\_

Manager            Name: Melinda K. Holman

Member            Address: 4001 Leadenhall Road

Authorized        Mt. Laurel, NJ 08054

Person \_\_\_\_\_

Other Director                       Other \_\_\_\_\_

Manager            Name: Katherina A. Mullen

Member            Address: 4001 Leadenhall Road

Authorized        Mt. Laurel, NJ 08054

Person \_\_\_\_\_

Other Director                       Other \_\_\_\_\_

Manager            Name: Holman Automotive Group, Inc.

Member            Address: 4001 Leadenhall Road

Authorized        Mt. Laurel, NJ 08054

Person \_\_\_\_\_

Other Director                       Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

*Katherina A. Mullen*  
Signature of an authorized person

KATHERINE A MULLEN EVP / ASST SECY  
Typed or printed name of signee

Additional Officers/Directors

Carl A. Ortell- Director - 4001 Leadenhall Road, Mt. Laurel, NJ 08054

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TALLAHASSEE, FLORIDA

# Delaware

The First State

Page 1


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HOLMAN NATIONAL RETAIL HOLDINGS, LLC" 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 FIRST DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOLMAN NATIONAL RETAIL HOLDINGS, LLC" WAS FORMED ON THE THIRTIETH DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

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STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA



  
Jeffrey W. Bullock, Secretary of State

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You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202551881

Date: 04-01-19