F1800003070

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
(ASign W18-55545				

Office Use Only



800314465708

06/13/18--0100S--013 **70.00

18 JUN 28 AN II: 56
SECRETARY OF STATE
TALLAHASSEE FLOOR



June 14, 2018

ANDREW PRICE 825 NE MULTNOMAH ST, STE 270 PORTLAND, OR 97232

SUBJECT: HMI-OREGON DEALERSHIP, INC.

Ref. Number: W18000055549

We have received your document for HMI-OREGON DEALERSHIP, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 518A00012428

Octavia L Simmons Regulatory Specialist III

A

RECFIVED

2018 JUN 28 AM 10: 14

STATEMENT OF SERVICES

TO THE CORPORATION OF SERVICES

TO THE

COVER LETTER

TO: Registration Se Division of Co			
SUBJECT: HM	Name of corporation	alership, I - must include suffix	inc.
Dear Sir or Madam:			
"Certificate of Existence	tion by Foreign Corporation for ce," or "Certificate of Good Star on corporation to transact busine	iding" and check are subi	
Please return all corres	pondence concerning this matter	to the following:	
Andrew	Price Name of		
HMI Or	regon Dealers	Lip, Inc	<u>-</u>
		in in it	
825 NE	Multhonah S	st. Ste 270	<u> </u>
\sim	Addre	ess	
Portland	d, Oregon City/State a	97232	
	City/State a	nd Zip code	
accounting	E-mail address: (to be used	com	atitantian)
-	rman address: (to be used)	or ruture annuat report n	ouncation)
For further information	concerning this matter, please of	call:	
Andrew Pi	co. 31 503	731-356	.8
Name of Perso	at (53)	e Daytime Teleph	none Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Tallahassee, FI	. 32301		
Enclosed is a check for	the following amount:		
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & ☐ Certificate of Status	1 \$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee. Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

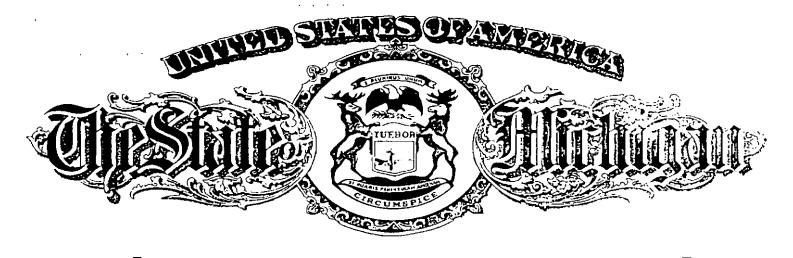
REGISTER A FOR	WITH SECTION 607,1503, FLORIDA ST. REIGN CORPORATION TO TRANSACT B	USINESS IN THE STATE O	F FLORIDA.
1. + M L (Enter name of co "Inc" "Co" "Co	- Oregon Dealerstopporation; must include "INCORPORATED," orp." "Inc." "Co." or "Corp.")	"COMPANY," "CORPORA"	TION,"
_d.b.	a. Workplace Rebbe in Florida, enter alternate corporate name ac	source of	Oregon
(If name unavaila	ble in Florida, enter alternate corporate name a	dopted for the purpose of trans	acting business in Florida)
Michigan 3. 38-3504406 (State or country under the law of which it is incorporated) (FEI number, if applicable)			106
4. 4/1	/1999 5.		
4. Half of incorporation) 5. (Date of duration, if other than perpetual			other than perpetual)
6			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration;) ighility)
976			
7	(Princing	· Iortand	Oregon 1+632
5 - 1-	NE Multroman ST (Principal)	a office address)	78. 6
JUITE	(Current mailins	address, if different)	
	, , , , , , , , , , , , , , , , , , , ,	,	記 記 記 記 記 に
8. Name and stree	t address of Florida registered agent: (P.O	. Box <u>NOT</u> acceptable)	EILED WII: 56 W 28 WII: 56 CRETARY OF STATE CRETARY OF STATE
Name:	C T Corporation System		
Office Address:	1200 South Pine Island Road	<u> </u>	10x
	Plantation (City)	Florida 33324	_
	(City)	(Zip code)	
designated in this further agree to co	ent's acceptance: ed as registered agent and to accept servic application, I hereby accept the appointm omply with the provisions of all statutes re amiliar with and accept the obligations of	ent as registered agent and clative to the proper and co-	l agree to act in this capacity. mplete performance of my

Nichol McCroy, Assistant Secretary

Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: _____ Address: Address: _____ Director: B. OFFICERS Terry Multnomah St. Ste 270 Vice President: ___ Address: _____ Secretary: __ Treasurer: ___ Address: ___ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. Terry Wren
(Typed or printed name and capacity of person signing application)



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

HMI-OREGON DEALERSHIP, INC.

was validly incorporated on October 29, 1999 as a Michigan DOMESTIC PROFIT CORPORATION, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 21st day of May, 2018.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau