Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000278549 3)))



H190002785493ABCC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855)498-5500

Fax Number : (800) 432-3622

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## FOREIGN PROFIT/NONPROFIT CORPORATION ... RUMBLEON DEALERS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75



٧. .

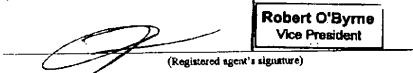
## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name unavails	ble in Florida, enter alternate corporate nar	me adopted for the purpose of transacting business	as in Florida)
Delaware		3. B3-3042640	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
September 12, 2	019	5	
(Date	of incorporation)	(Date of duration, if other than per	petual)
Upon Filing		es in Florida, if prior to registration)	
	(022 02 4 2 2 2 2	7.1502, P.S., to determine penalty liability)	
1350 Lakeshore	Drive, Suite 160, Coppell, TX 75019	ncipal office address)	
	Orive, Suite 160, Coppell, TX 75019 (Pri Drive, Suite 160, Coppell, TX 75019	ncipal office address)	
1350 Lakeshore	Drive, Suite 160, Coppell, TX 75019 (Pri Drive, Suite 160, Coppell, TX 75019 (Current m.	ncipal office address) alling address, if different)	20
1350 Lakeshore	Orive, Suite 160, Coppell, TX 75019 (Pri Drive, Suite 160, Coppell, TX 75019	ncipal office address) alling address, if different)	20 001
1350 Lakeshore	Drive, Suite 160, Coppell, TX 75019 (Pri Drive, Suite 160, Coppell, TX 75019 (Current m.	ncipal office address) alling address, if different)	C.
1350 Lakeshore  Name and stree  Name:	Drive, Suite 160, Coppell, TX 75019  (Pri Drive, Suite 160, Coppell, TX 75019  (Current in	ncipal office address) alling address, if different)	C.
1350 Lakeshore	Orive, Suite 160, Coppell, TX 75019  (Pri Drive, Suite 160, Coppell, TX 75019  (Current in a address of Florida registered agent:  Corporation Service Company	ncipal office address) alling address, if different)	

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.



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. DIRI	ECTORS			
	Chairman				
	Address:				-
			<del>, -, -</del> -		-
	Vi∝ Chai	man:	<del></del>		-
	Addross:				_
	Director:	Marshall Chesrown			- -
	Address:	7303 Tidel Trace		<u>.</u> .	_
		Arlington, TX 76016			_
	Director:	Steven R. Berrard			_
	Address:	4521 Sharon Road, Suite 370			-
		Charlotte, NC 28211			_
	B. OFF	ICERS			
CEO	Přesenk	Marshall Chesrown		2	_
	Address:	7303 Tidal Trace		<u> </u>	-=[=]
		Arlington, TX 76016	·		4 8 (4 8 3 (13 7 7
	Vice Pres	ldent:		<del>_</del>	· -{}
	Address:		· .	=	: ' [라';-
			r	<del></del>	- ``;z
Corp	CAC & Secretary:	Thomas Aucamp		2	_
	Address:	4521 Sharon Road, Suite 370, Charlotte, NC 28211			_
CFO		Steven R Berrard	- <del></del>		_
	Address:	4521 Sharon Road, Suite 370, Charlotte, NC 28211		·	-
	NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or thomas E. Incary	directors.		
		alguante of Director of Officer	ata ataua di	anain	_
	are true a	er or director signing this document (and who is listed in number 11 above) affirms that the fa and that he or she is aware that false information submitted in a document to the Department of agree felony as provided for in s.817.155, F.S.	is stated f State cons	stitutes	
	13. Tho	mas Aucamp, Chief Administrative Officer and Corporate Secretary			_
		(Typed or printed name and capacity of person signing application)			

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAMARE, DO HEREBY CERTIFY "RUMBLEON DEALERS, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAMARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF SEPTEMBER, A.D.

2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RUMBLEON DEALERS, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2018.

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

7076747 8300
SR# 20197018780
You may verify this certificate online at corp.delaware.gov/authver.shtml

January 1

Authentication: 203588645

Date: 09-13-19