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SEP 2.0 2021 M. SOLOMON

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Sutherlin Warranty Corp.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Burne Terry

• •

	Name	of Person	
Sutherlin Warranty Corp.			
	Firm/C	ompany	
1855 Luke King Parkway			
	Ac	Idress	
Buford, Georgia 30519			
	City/Stat	e and Zip code	
bterry@sutherlinnissan.com	-	•	
	E-mail address: (to be use	ed for future annual repor	1 notification)
For further information con Burne Terry	cerning this matter, pleas	e call:	
Name of Person	Area C	ode Daytime Tel	ephone Number
STREET/COURI Registration Sectio Division of Corpor The Centre of Talla 2415 N. Monroe St Tallahassee, FL 32	n ations hassee reet, Suite 810	Registration	Corporations 327
Enclosed is a check for the Please make check payable to: □ \$70.00 Filing Fee ■	following amount: FLORIDA DEPARTME \$78.75 Filing Fee & Certificate of Status	NT OF STATE S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

Sutherlin Warranty Corp.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

(If name unavai	lable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Flo	- orida)		
2	3	87-1750827 (FEI number, if applicable)			
06/03/2021	ry under the law of which it is incorporated)				
(Date	e of incorporation) 5.	(Date of duration. if other than perpetual)			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	1 Florida, if prior to registration) 502, F.S., to determine penalty liability)			
1855 Luke King	Parkway, Buford, Georgia 30519				
	(Principal offi	ce <u>street</u> address)			
1855 Luke King	Parkway, Buford, Georgia 30519				
	(Current mailin	g address, if different)	<u>.</u> .		
			· .	2021	
Name and <u>stree</u>	et address of Florida registered agent: (P.O	. Box <u>NOT</u> acceptable)		5	
Name:	George Sutherlin			-P G	
Office Address:	1840 South Hwy ATA			1	
	Vero Beach	Florida ³²⁹⁶³		1:2	
	(City)	(Zip code)		ပ်	

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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.

A. DIRECTORS

□Chairman	George Sutherlin	□Chairman	Jane Name:	c Christian	
□Vice Chairman	Address:	□Vice Chairman Address:		-	
Director	Buford, GA 30519	Director	Buford, GA 30519		
President	······································	President	,		
□Vice President		□Vice President	<u> </u>		
□Secretary	Treasurer	Secretary		Treasurer	
Other	Other	Other		□Other	
□Chairman	Burney "Burne" Terry Jr.	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman			
Director	Buford, GA 30519	Director			
President		□President			
Vice President		□Vice President			
Secretary	Treasurer	Secretary		Treasurer	
[]]Other	[] Other	Other		Other	
□Chairman	Name:	□ Chairman	Name:	I SEP	***
□Vice Chairman	Address:	□Vice Chairman	Address:	34 G	$\overline{\Pi}$
Director		Director	~		C
President		President		25	
□Vice President		□Vice President			
		Secretary			
□Other	Other	Other		□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.

Bung to Fary & Signature of Director or Officer 12.

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.

13. Burne Terry, Director/Vice President

