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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
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(Bi	usiness Entity Nan	ne)
(DX	ocument Number)	
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03/39/22--01015--019 6470.00



S. FRANKLIN APR 15 2022

COVER LETTER

TO: Registration Section Division of Corporation	ons			
SUBJECT: The Muffler Mar	Inc.			
	Name of corporation -	must include suffix	·	
Dear Sir or Madam:				
The enclosed "Application by "Certificate of Existence," or 'above referenced foreign corp	'Certificate of Good Stand	ing" and check are sub		
Please return all corresponden	ce concerning this matter t	o the following:		
Heather Kleinhardt				
	Name of P	erson		
Young Basile PC				
	Firm/Comp	any		
301 E. Liberty Street, Suite #680				
	Addres	s		
Ann Arbor, MI 48104				
	City/State and	d Zip code		
docketing@youngbasile.com				20'
E-m	nail address: (to be used fo	r future annual report r	otification)	72
For further information concer	ning this matter, please cal	11:		2012 HAR 30 PH 4: 1
at ()		662-6035		
Name of Person	Area Code	Daytime Telepl	none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	ORIDA DEPARTMENT OF 18.75 Filing Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Fil	c of Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

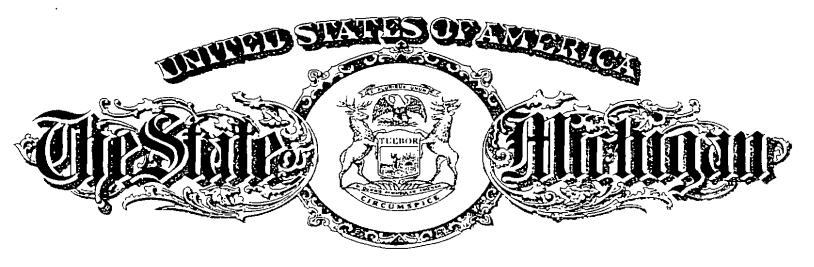
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

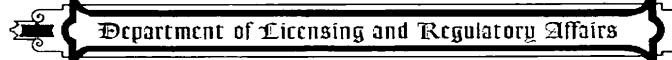
2. Michigan (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 12219 N. Saginaw, Clio, MI 48420 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Inc. 7901 4th St N Ste 300 St. Petersburg (City) (City) Registered agent's acceptance:	(If name unavail	lable in Florida, enter alternate corporate name ac	dopted for the purpose of transacting by	isiness in Florida)	
(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Inc. 7901 4th St N Ste 300 St. Petersburg , Florida (City) (City) 701 4th St N Ste 300 (City)	Michigan		38-4208602		
(Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 12219 N. Saginaw, Clio, MI 48420 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Inc. 7901 4th St N Ste 300 St. Petersburg (City) Florida 33702 (Zip code)		ry under the law of which it is incorporated)	(FEI number, if application	able)	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 12219 N. Saginaw, Clio, MI 48420 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Inc. 7901 41h St N Ste 300 St. Petersburg, Florida 33702 (City) (City) 7901 42 Address: Plorida 33702 (Zip code)	12/7/1971	5.			
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 12219 N. Saginaw, Clio, MI 48420 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Inc. 7901 4th St N Ste 300 St. Petersburg , Florida 33702 (City) (City) (City) (Zip code)	(Date	of incorporation)	(Date of duration, if other than perpetual)		
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 12219 N. Saginaw, Clio, MI 48420 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Inc. 7901 4th St N Ste 300 St. Petersburg, Florida 33702 (City) (City) (Zip code)					
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Name: Registered Agents Inc.	•	(Current mailing	address, if different)		
Name: Registered Agents Inc.					
The state of the	Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)		
Office Address: The standard of the standar	Name:	Registered Agents Inc.		2027	
St. Petersburg , Florida 33702 (City) (Zip code)	office Address:	7901 4th St N Ste 300			
(City), Florida (Zip code)		St. Petersburg	33702	R 3(
Registered agent's acceptance:		(City)	, Florida(Zin code)	:. D	
Registered agent's acceptance:		(-1.7)	(2.7 5505)	منيد مخت مسر	
Having been named as registered agent and to accept service of process for the above stated corporation at the p designated in this application, I hereby accept the appointment as registered agent and agree to act in this capac				`	

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.

(Registered agent's signature)

A. DIRECTORS				
□Chairman	James Christensen Name:	□Chairman	Name: Robert	t Bemboft
□Vice Chairman	Address:	□Vice Chairman	Address: 122	19 N. Saginaw
□Director	Clio, MI 48420	□Director	Clio, MI 48420	
President		□President		
□Vice President		■Vice President		
□Secretary	□Treasurer	Secretary		☐ Treasurer
Other	Other	□Other		Other
□Chairman □Vice Chairman □Director □President	Christine Christensen Name: 12219 N. Saginaw Address: Clio, MI 48420	□Chairman □Vice Chairman □Director	Address:	
		□ Vice President		
Secretary	■ Treasurer	☐ Secretary		
Other		Other		Other
□ Chairman	Name:	□Chairman	- -	
	Address:	☐ Vice Chairman	Address:	AR 30
□Director		Director	-	, , , , , , , , , , , , , , , , , , ,
□President		□President		
□Vice President		□Vice President		
□Secretary	Treasurer	□Secretary		☐Treasurer —
Other	Other	Other		□Other
The officer or direc she is aware that fals. 817.155, F.S.	Use an attachment to report more than six (6). The attachment added to the index when fung your Florida Department of Director of Signature of Director of Signature of Director of the signing this document (and who is listed in number lise information submitted in a document to the Department, Vice President of The Muffler Man Inc.	nt of State Annual Re r Officer r 11 above) affirms the	port form.	d herein are true and that he or
	(7)			





Lansing, Michigan

This is to Certify That

THE MUFFLER MAN INC.

was validly incorporated on December 7, 1971 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 2nd day of March, 2022.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau