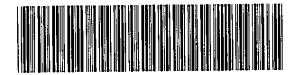
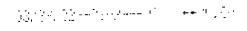
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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Dx	ocument Number)	
Certified Copies	Certificates	s of Status
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S. FRANKLIN AUG 2 6 2022

COVER LETTER

	_	tration Section on of Corporations					
SUBJE	CT:	Your Car Buying Advocate, In	c.				
505013	•••	Name of	corporation	on - mus	t include suffix		
Dear Sir	or M	adam:					
"Certific	ate of	"Application by Foreign Cor Existence," or "Certificate of red foreign corporation to tra	of Good St	anding"	and check are sub		
Please re	turn a	all correspondence concernin	g this matt	er to the	following:		
Melissa C	Jahaga	an					
			Name o	of Person		**************************************	32
Franchisi	ng Un	limited					2022 23
			Firm/Co	mpany			;
6715 Tipp	pecano	oe Road, A202					23
			Add	lress			Pi
Canfield,	OH 4	4406					<u></u> س
			City/State	and Zip	code		ည
franchisir	ւցս@յ	gmail.com					
		E-mail address:	(to be used	for futu	re annual report r	iotification)	
For furth	er inf	ormation concerning this ma	tter, please	call:			
Melissa C	lahaga	ın	(330) 702-0880				
	Name	e of Person	Area Co	ode /	Daytime Telep	hone Number	
H H 1 2	Regist Divisi The C 2415 1	ET/COURIER ADDRESS tration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	:		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	
	ike che	check for the following amounce payable to: FLORIDA DEI ng Fee S78.75 Filing Certificate of	PARTMEN Fee &	□ \$78.7	TATE 75 Filing Fee & fied Copy	S87.50 Filin Certificate of Certified Co	f 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.

1.	g Advocate, Inc. orporation; must include "INCORPORATED	," "COMPANY," "CORPORATION,"	
"Inc.," "Co.," "C	orp," "Inc." "Co," or "Corp.") ing Inc.		
	able in Florida, enter alternate corporate name	adopted for the purpose of transacting busing	ness in Florida)
2. Trumbull Count	y, OH	82-3073049	
(State or countr	y, OH y under the law of which it is incorporated)	(FEI number, if applicabl	e)
4. 09/23/2017	5.		
(Date	of incorporation) 5.	(Date of duration, if other than pe	rpetual)
6			
	(Date first transacted business (SFF SECTIONS 607 1501 & 607 1	in Florida, if prior to registration) 502, F.S., to determine penalty liability)	
_ 9058 Briarbrook	Dr. NE, Warren, OH 44484	5 · 2 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1	
/		fice street address)	702.7
			7.7
	(Current maili	ng address, if different)	ชุดน :: '[23
			-o
8. Name and stree	et address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)	<u> </u>
Name:	Debra Gallo		ن. دن
Office Address:	5059 Eclipse Court		
	Naples	, Florida 34104	
	(City)	(Zip code)	

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.

Allo
(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.

A. DIRECTORS		
☐Chairman Name: Michael Rumple	□Chairman	Name:
□Vice Chairman Address:	□Vice Chairman	Address:
□Director Warren, OH 44484	□Director	
■ President	□President	
□Vice President	□Vice President	
□ Secretary □ Treasurer	□Secretary	□Treasurer
□Other	□Other	□Othet
☐Chairman Name: ☐Vice Chairman Address: ☐Warren, OH 44484		Name:Address:
Director	□Director	
□ President	□President	
□ Vice President □ Secretary □ Treasurer □ Other □ Other □ □ Othe	☐ Vice President ☐ Secretary ☐ Other	□Treasurer
☐Chairman Name:	□Chairman □Vice Chairman	Name: Address:
□ Director	□Director	<u></u>
□ President	□President	
□ Vice President	□Vice President	
☐ Secretary ☐ Treasurer	□Secretary	□Treasurer
□Other	□Other	Other
Important Notice: Use an attachment to report more than six (6). The atta individuals may be added to the index when filing your Florida Department 12. Signature of Director	nt of State Annual Re	eport form.
The officer or director signing this document (and who is listed in numbershe is aware that false information submitted in a document to the Depart s.817.155, F.S. Michael Rumple, President	r 11 above) aftirms th	nat the facts stated herein are true and that he or

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show YOUR CAR BUYING ADVOCATE, INC., an Ohio corporation, Charter No. 4076494, having its principal location in Warren, County of Trumbull, was incorporated on September 23, 2017 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio

this 18th day of August, A.D. 2022.

Ohio Secretary of State

1 flore

Validation Number: 202223002922