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COVER LETTER

TO:	Registration Section Division of Corporation				
SHR	JECT:	Mann Autom	otive Die:	sel, Inc.	
CTO DE		Name of corpora	tion - mu	ust include suffix	
Dear S	Sir or Madam:				
"Certi	ficate of Existence,"	by Foreign Corporation or "Certificate of Good! orporation to transact but	Standing	" and check are subm	Business in Florida," itted to register the
Please	return all correspon	dence concerning this ma	atter to th	ne following:	
		Emily	Mann Mann		
		Name	of Perso	on	
		Mann Autor	notive Di	esel, Inc.	
		Firm/0	Company	,	
		240 Fort	ner Street	<u> </u>	
		A	ddress		
		Dothan	, AL 363	01	<u> </u>
		•	te and Z	•	
			_	gmail.com	277
		E-mail address: (to be us	ea for fu	iture annual report no	uncation)
For fu	rther information co	ncerning this matter, plea	ise call:		
	Denese Culbreth	334 at (,	793-7001	
	Name of Person	Area	Code	Daytime Telepho	one 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		
Please		following amount: b: FLORIDA DEPARTM \$78.75 Filing Fee & Certificate of Status	□ \$78	STATE 8.75 Filing Fee & rtified Copy	S87.50 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.

(Enter name of a	orporation; must include "INCORPORATED,"	COMPANY " "CORPORATION"	··			
	orp." "Inc," "Co," or "Corp.")	COM ANT, COM ORATION,				
			<u> </u>			
(If name unavail:	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting	business in Florida)			
Alabama	3	63-1048393				
(State or country under the law of which it is incorporate		(FEI number, if applicable)				
05/16/1991		Perpetual				
(Date	of incorporation)	(Date of duration, if other than perpetual)				
Upon Qualification						
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) 2, F.S., to determine penalty liability	·)			
1 4 A IT . C.	4 Days - 41 26201					
240 Fortner Stree	et, Dothan, AL 36301					
	(Principal office	street address)	<u>.,,</u>			
Same as street ad	(Principal office ddress above.					
	(Principal office ddress above.	street address) address, if different)				
Same as street ad	(Principal office ddress above.	address. if different)	Z0Z3			
Same as street ad	(Principal office ddress above. (Current mailing a	address. if different)	ZUZE KAN EZUZ			
Name and street Name:	(Principal office ddress above. (Current mailing a set address of Florida registered agent: (P.O.)	address. if different)	2023 MAY 22			
Same as street ad	(Principal office ddress above. (Current mailing a set address of Florida registered agent: (P.O. Kelsey Mann-Lambert	address. if different)	ZUZ3 MAY 22 PM 1: 5			

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	Name:	□Chairman	Name:	-				
□Vice Chairman	Address: 240 Fortner St. Dothan AL 36301	□Vice Chairman	Address:					
□Director		□Director						
■ President		□President						
□Vice President		□Vice President						
■ Secretary	■ Treasurer	☐ Secretary		□Treasurer				
□Other	□Other	Other	<u>-</u>	□ Other				
□Chairman	Name:	□Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:					
□Director		Director						
□President		□President						
□Vice President		□Vice President		<u> </u>				
□Secretary	□Treasurer	☐ Secretary		□Treasurer				
□Other	□Other	Other		□ Other				
□Chairman	Name:	□Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:					
□Director		□Director		<u>.</u>				
□President		□President						
□Vice President		□Vice President						
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer				
□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. 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 fas.817,155, F.S.	alse information submitted in a document to the Depar	rtment of State constitu	utes a third degre	ee felony as provided for in				
13.	Foy Mann, Jr., Presi	uent						

Wes Allen Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Wes Allen, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Mann Automotive Diesel, Inc. was formed in Houston County on May 16, 1991. The Alabama Entity Identification number for this entity is 000-143-221. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20230515000017810

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

05/15/2023

Date

Wu Cell

Wes Allen

Secretary of State