6/18/24, 12:12 PM

Division of Corporations

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.

(((H24000211699 3)))



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 : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Fax Number : (614)573-3996

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

steve.coss@sonicautomotive.com

## FOREIGN PROFIT/NONPROFIT CORPORATION

Sonic Automotive Protection Products, Inc.

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

Electronic Filing Menu Corporate Filing Menu

Help

From: David Thomas

DocuSign Envelope ID: 3714AE20-3E71-4E54-95CB-1C910C514D8F

# 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. Sonic Automoti	ve Protection Products, Inc.				
	orporation; must include "INCORPORATED," " orp," "Inc." "Co." or "Corp.")	COMPAN	Y," "CORPORATION,"		
(It name unavail	able in Florida, enter alternate corporate name add	opted for th	te purpose of transacting business in	Florida)	
<sub>2</sub> DE ==		93-4493587			
(State or country under the law of which it is incorporated			(FEI number, if applicable)		
November 16, 2023					
(Date	of incorporation)	(Da	(Date of duration, if other than perpetual)		
6					
7. 4401 Colwick Ro	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 and, Charlotte, NC 28211 (Principal office	, F.S., to d	etermine penalty liability)		
-	(Current mailing a	ddress, if a	different)		
8. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O. I	30x <u>NOT</u> —	_acceptable)	8 I HAL 6707	
Office Address:	1200 South Pine Island Road	<del></del>			
	Plantation	FI.	33324	AH III:	
	(City)	<b></b> `	(Zip code)	15:1	

### 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.

	C.T. Corporation System
By:	Stephen Rullis VP & Asst. Secy.
	(Registered secont'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.

<sup>11.</sup> For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

To:

### DocuSign Envelope ID: 3714AE20-3E71-4E64-95CB-1C910C514D8F

A. DIRECTORS						
□Chairman Name. Frank Jeft	Dyke, III	□Chairman	Name:			
□Vice Chairman Address. 4401 C	olwick Road	□Vice Chairman	Address	Colwick Road		
□Director Charlotte, NC 28	211	Director	Charlotte, NC			
■President		□President				
DVice President		⊞Vice President				
□Secretary	[]Treasurer	☐ Secretary		Treasurer		
☐Other	□Other	□Other	<del> </del>	☐ Other		
☐ Chairman Name: Stephen R ☐ Vice Chairman Address: 4401 Ci ☐ Charlotte, NC 28		□ Chairman □ Vice Chairman □ Director □ President □ Vice President	Address:			
■Secretary	☐ Treasurer	☐Secretary		□Treasurer		
☐ Other	<b>DOther</b>	Other		□Other		
□Vice Chairman Address: □Director □President □Vice President	□Treasurer	□ Chairman □ Vice Chairman □ Director □ President □ Vice President □ Secretary □ Other	Address:	□Treasurer		
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.  12  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 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. Stephen K. Coss, Secretary



Page 1

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

DELAWARE, DO HEREBY CERTIFY "SONIC AUTOMOTIVE PROTECTION PRODUCTS,

INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE

AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR

AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF

JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

Authentication: 203718142

Date: 06-14-24