# Laa 00045858a

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Đơ	cument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

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S. CHATHAM

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SECRETARY OF STATE 01VISION OF CITACONTION 01VISION OF CITACONTION

CALLAHASSEE, FLOR

RECEIVED

# **COVER LETTER**

TO:	New Filing Sect Division of Corp				
SUBJEC	HAG EPB F	FL, LLC			
		Nam	e of Limited Liab	ility Company	
The encl	losed Articles of (	Organization and fi	ec(s) are submitte	ed for filing.	
Please re	eturn all correspor	dence concerning	this matter to the	following:	
	Vanessa Mitc	hey			
		·	Name o	of Person	<del></del>
	Nolen, PLLC				
	<del></del> _	·- <u>-</u>	Firm/C	ompany	
	6000 Monroe	Road, Suite 350			
			Add	bress	
	Charlotte, NC	28212			
	taxdept@hendr	ickauto com	City/State a	nd Zip Code	
			pe used for future	annual report notificat	ion)
For further	r information con	coming this matter	, please call:		
	Vanessa Mitch	еу	704 at (	531-9355	
	Name	of Person	Area Code	Daytime Telephon	e Number
Enclosed	l is a check for the	following amoun	t:		
_	00 Filing Fee	□\$130.00 Filing Certificate of Sta	Fee & □\$1. tus Certif	55.00 Filing Fee & fied Copy nal copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Address		Street Address	
		ng Section of Corporations		New Filing Section Division The Centre of Tallahassee	
	P.O. Bo			2415 N. Monroe Street, Suite 810	
Tallahassee, FL 32314			Tallahassee, FL 32303		

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 080253 151903A

**AUTHORIZATION:** 

COST LIMIT :

ORDER DATE: October 26, 2022

ORDER TIME : 1:48 PM

ORDER NO. : 080253-005

CUSTOMER NO: 151903A

### DOMESTIC FILING

NAME: HAG EPB FL, LLC

# EFFECTIVE DATE:

ARTICLES OF INCORPORATION \_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY \_\_\_\_ PLAIN STAMPED COPY \_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited I.	iability Company is:				
HAG EPB FL,	LLC				
(Mus	t conatin the words "Limited	Liability Company,	"L.L.C.," or "LL.C.")	_	
ARTICLE II - Address: The mailing address and st	reet address of the principal of	office of the Limited	Liability Company is:		
<u>Pr</u>	incipal Office Address:		Mailing Address:	۸,	0
6000 Monroe Road 6000 Monroe Road		Monroe Road	22	SIAIO	
Charlotte, NC 28212		Char	Charlotte, NC 28212		NOIS SECRE
				9	
(The Limited Liability Con another business entity wit	d Agent, Registered Office, npany cannot serve as its own than active Florida registration treet address of the registered	Registered Agent. Yon.)	t's Signature: You must designate an individual or	AM 10: 36	87 0F 51771 0 3988 8157
(The Limited Liability Con another business entity wit	npany cannot serve as its own th an active Florida registratio	n Registered Agent. Yon.) d agent are:  Company	it's Signature: You must designate an individual or	AM 10: 3	C. SECRETARION CO. SEC. SEC. SEC. SEC. SEC. SEC. SEC. SEC
(The Limited Liability Con another business entity wit	npany cannot serve as its own than active Florida registrations street address of the registered	n Registered Agent. Yon.) d agent are:	it's Signature: You must designate an individual or	AM 10: 3	COMPONATION OF STATE
(The Limited Liability Con another business entity wit	npany cannot serve as its own than active Florida registrations street address of the registered	n Registered Agent. Yon.) d agent are:  Company	t's Signature: You must designate an individual or	AM 10: 3	BY OF STATE
(The Limited Liability Con another business entity wit	npany cannot serve as its own than active Florida registration street address of the registered Corporation Service 1201 Hays Street	n Registered Agent. Yon.) d agent are:  Company	You must designate an individual or	AM 10: 3	BY OF STATE OF REDRATIONS
(The Limited Liability Con another business entity wit	npany cannot serve as its own than active Florida registration street address of the registered Corporation Service 1201 Hays Street	n Registered Agent. Yon.) d agent are:  Company Name	You must designate an individual or	AM 10: 3	BY OF STATEMENT OF

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Corporation Service Company

By (Clean Weifor assistant was president Registered Agent's Signature (REQUIRED)

### ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager  MGR	Hendrick Automotive Group  6000 Monroe Road Charlotte, NC 28212 Charlotte Service Serv
	26 AM IO: 36
(If an effective date is listed, the date must be sp the date of filing.)	e of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	11 /h
St	1/20

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Gregory II. Gach, President of Hendrick Automotive Group, Manager
Typed or printed name of signee

### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)