# M0300003777

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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CORPORATION NAME(S) & DOCUME		·
1. Softon of South	th Florida (Document#)	, LCC
2. (Corporation Name)	(Document #)	
3. (Corporation Name)	(Document #)	
4. (Corporation Name)	(Document #)	
Walk in Pick up time	*	Certified Copy
Mail out Will wait	☐ Photocopy	Certificate of Status
NEW FILINGS	AMENDMENTS	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A Change of Register Dissolution/Withda Merger	ed Agent
OTHER FILINGS	REGISTRATION/OU	ALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	•
		Everyinania Kuitiala

CR2E031(7/97)

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

COMPLIANCE WITH SECTION 608	SA2 ELODIO A CTATI ITE	e mie eoliowine ie ei	COLUMNOS DO DOCCIONOS X	
MITED LIABILITY COMPANY TO TRA	NSACT BUSINESS IN THE	S, THE FOLLOWING IS SO STATE OF FLORIDA:	JBMITTED TO REGISTER A	TH
SATURN OF SOUTH FLO	RIDA, LLC		2	
	(Name of foreign lin	nited liability company)		
MICHIGAN	3.	APPLI	IED FOR	ń
Jurisdiction under the law of which to company is organize	oreign limited liability ed)	APPLI (FEI number	er, if applicable)	
11/5/03	5.	PERP	ETUAL	
(Date of Organization	)	(Duration: Year limited exist or "	liability company will cease t perpetual")	0
12/15/03			Forfermen	
(Date first transacted	business in Florida. (See s	ections 608.501, 608.502,	and 817.155, F.S.)	
1795 Maplelawn Drive, Tro	oy, Michigan 48084			
<u> </u>			······································	
	(Street address o	f principal office)		
	(Succi address o	i principai office)		
If limited liability company is	a manager-managed c	ompany, check here	7	
The name and usual business	addresses of the manag	ging members or mana	gers are as follows:	
David T. Fischer, 1795 M	aplelawn Drive, Trov	/ Michigan 48084		
			<del></del>	
· · · · · · · · · · · · · · · · · · ·	<del></del>			
				•
	<u></u>	<u> </u>	<u> </u>	
Aug 1 a 1 a a contrata		11 11 1 1 2 2 11	d 00 111 1 1 1 1	_
Attached is an original certificate of c	-	• •	, ,	
the jurisdiction under the law of which translation of the certificate under out	- \.	1.0	ceruncate is in a foreign langua	age,
translation of the certificate tighter oat	II Of the translator must be st	uomiliect.)		
. Nature of business or purpos	es to be conducted or p	oromoted in Florida:	Ownership of	
automobile sales and servi	oo business and rea	al actata		
automobile sales and servi	ce business and rea	ii estate		
		/ / /		
	/ Kenoma /1	as a las	er =	
Signature	of a member or an auth	porized representative	of a member	
(In accordance	with section 608.408(3), F.S.	corized representative of the execution of this docum	ent constitutes	
(In accordance	with section 608.408(3), F.S under the penalties of perjury	., the execution of this docum y that the facts stated herein ar	ent constitutes	
(In accordance	with section 608.408(3), F.S.	., the execution of this docum y that the facts stated herein as mphries, Esq.	ent constitutes	

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

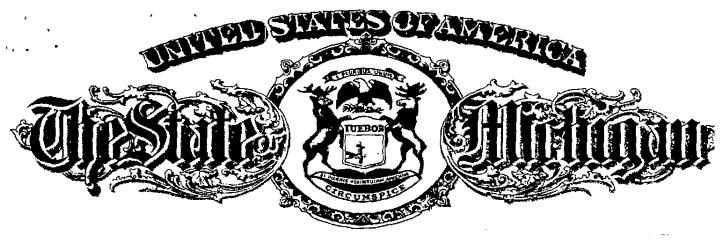
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA

		* - * - · · · · · · · · · · · · · · · ·	
1. The name of the Limited Liabili	ity Company is:		
SATURN OF SOUTH FLORID	A, LLC		
2. The name and the Florida street	address of the registered agent and o	ffice are:	
Corporation Co	mpany of Miami (Name)	<del> </del>	v at
	nter, 201 Biscayne Boulevard (JG		, , , , ,
Florida	street address (P.O. Box NOT ACCEPTABLE		
Miami	FL 33131		
	(City/State/Zip)	. <sub>20</sub> 3	

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 608, F.S.

J. Migny Numphies, Vice President

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



## Michigan Department of Consumer and Industry Services

Lansing, Michigan

This is to Certify That

#### SATURN OF SOUTH FLORIDA, LLC

was validly organized on November 5, 2003 as a Limited Liability Company. Said Limited
Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

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 5th day of November, 2003

Bureau of Commercial Services

.Director