

M05000005017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

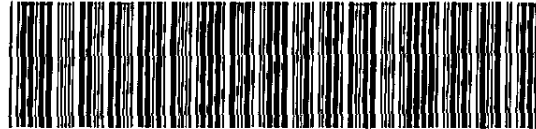
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300057513153

07/22/05--01061--015 \*\*160.00

LN09/1405

FILED  
05 SEP 12 PM 3:40  
CLERK OF THE  
COURT  
TALLAHASSEE, FLORIDA

60p

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AUTO SALVATION LLC  
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

CATHERINE NWANKWO  
(Name of Person)

AUTO SALVATION LLC  
(Firm/Company)

5375 NW 159TH, P. O. BOX 5462  
(Address)

HIALEAH, FLORIDA 33014  
(City/State and Zip Code)

W05-3068  
SEP 12 PM 3:40  
FILED  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

CATHERINE NWANKWO at (305) 336-3309  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 27, 2005

CATHERIN NWANKWO  
AUTO SALVATION LLC  
P.O. BOX 5462  
HIALEAH, FL 33014

SUBJECT: AUTO SALVATION LLC  
Ref. Number: W05000035668

We have received your document for AUTO SALVATION LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The entity's period of duration must be listed on the application. Please insert the word "perpetual" if a specific date of dissolution or term of existence has not been specified.

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 405A00048912

05 SEP 12 PM 3:40  
HIALEAH, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

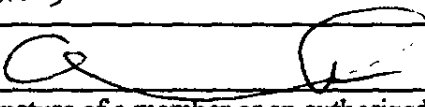
1. AUTO SALVATION LLC  
(Name of Foreign Limited Liability Company)
2. STATE OF DELAWARE  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. NA 65-1256270  
(FEI number, if applicable)
4. JULY 14, 2005  
(Date of Organization)
5. \_\_\_\_\_  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. AUGUST 05, 2005  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 12900 GRIFFING BLVD., MIAMI, FLORIDA 33161  
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒
9. The name and usual business addresses of the managing members or managers are as follows:

NWANKWO Catherine  
12900 Griffing Blvd Miami FL 33161  
PO Box 5402 Hialeah FL 33161

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: AUTOMOBILE SALE, PARTS  
AND LEASING, Accessories

  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

CATHERINE NWANKWO

Typed or printed name of signee

**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 Liability Company is:

AUTO SALVATION LLC

2. The name and the Florida street address of the registered agent and office are:

CATHERINE NWANKWO

(Name)

12900 GRIFFING BLVD.

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

FL , 33161

City/State/Zip

*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, Florida Statutes.*

  
\_\_\_\_\_  
(Signature)

00 SEP 12 PM 3:41  
STATE  
OFFICE  
TALLAHASSEE, FLORIDA

FILED

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

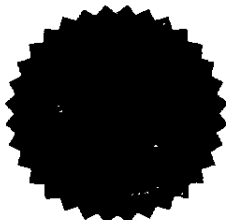
# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AUTO SALVATION LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF JULY, A.D. 2005.

FILED  
05 SEP 12 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



3995147 8300

050582700

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4020773

DATE: 07-14-05