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ORDER DATE : October	30, 2006	u u u u u u u u u u u		A CONTRACTOR
ORDER TIME : 12:40 PM	N			
ORDER NO. : 563186-	005			
CUSTOMER NO: 4306	384			
	FOREIGN FILI	.ngs		
NAME: CLERI	MONT AUTOMOT	CIVE, LLC		
XXXX QUALIFICATION	(TYPE: <u>LL</u> )			
PLEASE RETURN THE FOL	LOWING AS PE	ROOF OF FILI	NG:	
CERTIFIED COP PLAIN STAMPED CERTIFICATE O	COPY	DING		

EXAMINER:

CONTACT PERSON: Denise Mick -- EXT# 2950

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

IN COMPLIANCE WITH SECTION 608,503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Clermont Automotive, LLC (Name of Foreign Limite	d I lability Commany	F 0 0 0
, ,	• • •	
Wisconsin	3. 20–5782776	<u>Ξ, , ω</u> F
(Jurisdiction under the law of which foreign limited liabilit company is organized)	y (FEI number, if app	licable) SSEE 0
October 17, 2006	5. perpetual	-41 DD
(Date of Organization)	(Duration: Year limited liability of exist or "perpetual")	ompany will rease to
		<del>-</del>
(Date first transacted business in (See sections 608.501 & 608.502 F	Florida, if prior to registration.) S.S. to determine penalty liability)	
W133 N8569 Executive Parkway		
Menomonee Falls, WI 53051		
(Street Addre	ss of Principal Office)	
If limited liability company is a manager-manage	ed company, check here	
The name and usual business addresses of the ma	anaging members or managers are	as follows:
Russell M. Darrow III		
W133 N8569 Executive Parkway		
Menomonee Falls, WI 53051		
D. Attached is an original certificate of existence, no more than 9 ejurisdiction under the law of which it is organized. (A photoconslation of the certificate under eath of the translator must be su	opy is not acceptable. If the certificate is in	
. Nature of business or purposes to be conducted	or promoted in Florida:	
Auto Dealership		·
Kun Mario	alux -	
Signature of a member or an a	authorized representative of a men	nber.
(In accordance with section 608.408(3)	, F.S., the execution of this document constitu	
an affirmation under the penalties of pe	enury that the facts stated herein are true.)	
Duncall M. Downey III	• •	
Russell M. Darrow III	ed 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	of the Limited Liability Cor	mpany is:
Clermont Auto	omotive, LLC	
2. The name a	and the Florida street address	ss of the registered agent and office are:
	Corporation Service Cor	mpany .
		(Name)
	1201 Hays Street	
	Florida Street A	Address (P.O. Box NOT ACCEPTABLE)
	Tallahassee	FL 32301
		City/State/Zip
	Tallahassee	10

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.

Denise Mick as its agent

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

## United States of America State of Wisconsin

#### DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

#### CLERMONT AUTOMOTIVE, LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is October 17, 2006.

I further certify that said corporation or limited liability company has not yet completed its initial report year and, accordingly, has not yet filed an annual report under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that said corporation or limited liability company has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on October 27, 2006.

RAY ALLEN, Deputy Administrator Division Of Corporate & Consumer Services Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

#### To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code:

31855-12F50AB6