M0800001460

| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| <u> </u> |
| (Document Number) |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
| Special mediations to 1 ming Cineci. |
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Office Use Only



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SECRETARY OF STATE

N. Griffinten MAD a man

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: Auto Europe LLC | |
| (Name of Lim | ited Liability Company) |
| | ability Company for Authorization to Transact Business in abmitted to register the above referenced foreign limited |
| Please return all correspondence concerning this n | natter to the following: |
| Teresa Pomerleau | |
| (Na | ime of Person) |
| Auto Europe LLC | |
| (Fi | rm/Company) |
| 39 Commercial St. | |
| | (Address) |
| Portland, ME 04101 | |
| (City/St | ate and Zip Code) |
| For further information concerning this matter, ple | ease call: |
| Teresa Pomerleau | at (207) 842-2041 |
| (Name of Person) | (Area Code & Daytime Telephone Number) |
| MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |
| Enclosed is a check for the following amount: \$\sumsymbol{\subsymbol{\sin\symbol{\sin\symbol{\subsymbol{\subsymbol{\subs | \$155.00 Filing Fee & \$\sum \$160.00 Filing Fee, Certificate f Status Certified Copy of Status & Certified Copy |



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 14, 2008

TERESA POMERLEAU 39 COMMERCIAL STREET PORTLAND, ME 01410

SUBJECT: AUTO EUROPE LLC Ref. Number: W08000013634

We have received your document for AUTO EUROPE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Have to complete the Certificcate of Designation of Registered Agent/Registered Office form.

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) 245-6067.

Neysa Culligan Document Specialist

Letter Number: 208A00015691

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:

| 1. Auto Europe LLC (Name of Foreign Limited Liability Company; must | | | | C "or "II | <u>(")</u> |
|---|-----------------------|--------------------------------------|---|---------------------------|--------------------|
| (Name of Foreign Limited Liability Company, must | menuae | Cillined Liabi | nty Company, L.L | C., OI L.L | .C.) |
| (If name unavailable, enter alternate name adopted for the proconsent of the managers or managing members adopting the Company,""L.L.C.,""LLC.") | urpose : | of transacting bate name. The al | usiness in Florida an ternate name must in | id attach a conclude "Lim | opy of the writter |
| _{2.} Delaware | 3. | 83-03780 |)48 | | |
| (Jurisdiction under the law of which foreign limited liabil company is organized) | ity | (| FEI number, if appl | licable) | |
| 4. 12/19/2003 | 5. | no knowr | n date | | |
| (Date of Organization) | | (Duration: Ye exist or "perp | ear limited liability coetual") | ompany will | cease to |
| 6. 12-19-2003 | | | | 5 0 | 3 3 7 |
| (Date first transacted business i (See sections 608.501 & 608.502 | n Florie 2 F.S. tc | da, if prior to re determine pena | gistration.) alty liability) | | |
| 7. 39 Commercial Street | | | | 7 | 量 2 「 |
| Portland, ME 04101 | | | | , r | 100 至 |
| | lress of | Principal Office | e) | | 1 S S |
| 8. If limited liability company is a manager-mana | iged co | ompany, chec | k here 🗹 | | 部 2 |
| 9. The name and usual business addresses of the r | manag | ing members | or managers are | as follows | s: |
| Imad Khalidi 39 comm | _ | , - | | | |
| • | | | • | 11100 | 29101 |
| Patrick Doyle 11 | 11_ | [t | l (| ((| 11 |
| Teresa Pomerleau 11 | U | ιι | 11 | U | 11 |
| 10. Attached is an original certificate of existence, no more that the jurisdiction under the law of which it is organized. (A phot translation of the certificate under oath of the translator must be | осору і | s not acceptable. | | | |
| 11. Nature of business or purposes to be conducted | ed or p | promoted in F | lorida: Reser | vation | |
| Services | | | | | |
| Teura A | Pa | mleed | | | |
| Signature of a member or a | n auth | orized repres | | | |
| (In accordance with section 608.408) an affirmation under the penalties of | | | | utes | |
| Teresa Pomerleau | | | | | |

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.

| Auto Europe LLC | |
|--|---|
| If name unavailable, the alternate name to be used in the state of Florida is: | |
| 2. The name and the Florida street address of the registered agent and office are: | |
| Samantha Fling | THE SECRET |
| (Name) 1026 SE 7th CT Florida Street Address (P.O. Box NOT ACCEPTABLE) | SSEE FLOW STATE OF STATE OF ST |
| Seerfield Beacher 33441 City/State/Zip | DA N |

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.

\$ 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 EUROPE, 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 FOURTH DAY OF MARCH, A.D. 2008.

3726730 8300

080280161

Harriet Smith Windsor, Secretary of State **AUTHENTICATION:** 6425561

DATE: 03-04-08

You may verify this certificate online at corp.delaware.gov/authver.shtml