# M080000055556

(Requestor's Name)		
(Address)		
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PICK-UP WAIT MAIL		
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(Business Entity Name)		
(Business Emily Name)		
(Document Number)		
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**EXAMINER** 

2008 DEC 29 AM 9: 01
SECRETARY OF STATE
SECRETARY OF STATE



December 15, 2008

ASHLEY TIDWELL 2180 SATELITLE BLVD #400 DULUTH, GA 30097

SUBJECT: EXCELERATE AUTOMOTIVE SOLUTIONS, LLC

Ref. Number: W08000055508

We have received your document for EXCELERATE AUTOMOTIVE SOLUTIONS, 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 registered agent must sign accepting the designation.

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) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 508A00060366

2000 DEC 29 AM 9: 0
SECRETARY OF STATE
SECRETARY OF STATE

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
Sobject.	Limited Liability Company)
The enclosed "Application by Foreign Limited Florida," Certificate of Existence, and check a liability company to transact business in Florida.	d Liability Company for Authorization to Transact Business in are submitted to register the above referenced foreign limited da
Please return all correspondence concerning the	his matter to the following:
Ashle	Y Tidwell (Name of Person)
	(Name of Person)
Excelu	rate Automotive Solutions, LLC
	(Firm/Company)
2180	Satelitte Blud #400
	(Address)
Duluth	GA 30097
(Cit	y/State and Zip Code)
For further information concerning this matter	, please call:
Ashlay Tidwell	at (770) 623 4488 (Area Code & Daytime Telephone Number 5
(Name of Person)	(Area Code & Daytime Telephone Number
MAILING ADDRESS:	STREET ADDRESS: SSS 29
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	Tallahassee, FL 32301
Enclosed is a check for the following amount:	
\$125.00 Filing Fee  \$130.00 Filing Fe  Certifica	be & \$\square\$ \$

## 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: (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") (Jurisdiction under the law of which foreign limited liability company is organized) (Duration: Year limited liability company will cease to exist or "perpetual") Degun (Date first transacted business in Flbrida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here \( \subseteq \) 9. The name and usual business addresses of the managing members or managers are as follows: 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having distody of records the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign linguage 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: () (4)

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.)

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 Compa	iny is:		
Excelerate Antomot	ive Solutions LLC	) 	
If name unavailable, the alternate name to be	used in the state of Florida is:		
2. The name and the Florida street address o	f the registered agent and office are:	<del></del>	
Corporation Service Cor	mpany		
	(Name)	_	
1201 Hays Street			
Florida Street Address (P.O. Box NOT ACCEPTABLE)			
Tallahassee	FL 32301		
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.  Corporation Service Company			
BY: (Signature)		ARE DEC	
\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Application Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional)	29 AH 9: 01 ARY OF STATE SSEE, FLORIDA	

# STATE OF GEORGIA

## Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

# CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

### **EXCELERATE AUTOMOTIVE SOLUTIONS, LLC**

#### **Domestic Limited Liability Company**

was formed or was authorized to transact business on 07/24/2007 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 22nd day of November, 2008

Karen C Handel Secretary of State

Faun C. Handel

Certification Number: 3262085-2 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp