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

SECRETARY OF STATE OF STATE OF CORPORATION OF CORPO



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December 2,2009

SERVICES Carl	CC Ielp, Ll	DRPORATION NAME (S) AND DOCUMENT NUMBER (S)
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Filing Evidence ☑ Plain/Confirmation Co	ру	Type of Document Certificate of Status
□ Certified Copy		☐ Certificate of Good Standing
		□ Articles Only
Retrieval Request Description:		All Charter Documents to Include Articles & AmendmentsFictitious Name Certificate
☐ Certified Copy		□ Other
NEW FILINGS		AMENDMENTS
Profit		Amendment
Non Profit		Resignation of RA Officer/Director
Limited Liability		Change of Registered Agent
Domestication		Dissolution/Withdrawal
Other		Merger
OTHER FILINGS		REGISTRATION/QUALIFICATION
Annual Reports		Foreign
Fictitious Name	X	Limited Liability
Name Reservation		Reinstatement
Reinstatement		Trademark
		Other

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.	CarHelp, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
COI	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written insent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C.," "LLC.")
	Oregon 3. 27-0998446
,	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4.	May 19, 2009 5. Perpetual
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6.	upon filing
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 9600 SW Oak Street, Suite 560 Tigard, OR 97223 (Street Address of Principal Office) If limited liability company is a manager-managed company, check here
7.	9600 SW Oak Street, Suite 560
	Tigard, OR 97223 (Street Address of Principal Office)
	(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:
	Jared Roth, 9600 SW Oak Street, Suite 560, Tigard, OR 97209
	Edward D. Edwards, 9600 SW Oak Street, Suite 560, Tigard, OR 97209
	Allan A. Fulsher, 9600 SW Oak Street, Suite 560, Tigard, OR 97209
the tran	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a relation of the certificate under eath of the translator must be submitted.)
11	. Nature of business or purposes to be conducted or promoted in Florida: to sell provider agreements
	and franchises
	How I. tulsher
	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.)
	Allan A. Fulsher, Secretary and Manager

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.

_	
f name unavai	lable, the alternate name to be used in the state of Florida is:
The name a	nd the Florida street address of the registered agent and office are:
	,
	NRAI Services, Inc.
	NRAI Services, Inc. (Name)
	(Name)
	(Name) 2731 Executive Park Drive, Suite 4
	(Name) 2731 Executive Park Drive, Suite 4

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. NRAI Services, Inc.

By: Debbu Browse - asst Secretary
(Signature)

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

CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE Corporation Division

I, KATE BROWN, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

CARHELP, LLC

was

organized

under the Oregon

Limited Liability Company Act

or

May 19, 2009

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

KATE BROWN, Secretary of State

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Jodi Forsberg

December 1, 2009