# M1500002051

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15 MAR 16 PK 4:29

2015 MAR 16 AM 11: 45

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 549327 4701457

AUTHORIZATION :

COST LIMIT : \$ 175.00

ORDER DATE: March 16, 2015

ORDER TIME : 2:57 PM

ORDER NO. : 549327-005

CUSTOMER NO: 4701457

#### FOREIGN FILINGS

NAME: APLLICER Auto Direct

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 17, 2015

CSC COURTNEY WILLIAMS RESUBMIT
Please give original

submission date as file date.

SUBJECT: APLL/CFR AUTO DIRECT, LLC

Ref. Number: W15000018848

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

Correct the spelling of name in #1. Does not match certificate.

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) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 715A00005344

15 HAR 18 HH II: 22

#### COVER LETTER

Division of Corporations			
SUBJECT: APLL/CFR AutoDirect, 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:			
Mike Lukas			
Name of Person			
APL Limited			
Firm/Company			
16220 N. Scottsdale Rd., Suite 300			
Address			
Scottsdale, Arizona 85254			
City/State and Zip Code			
Michael_Lukas@apl.com			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
McKenzie Brown  Name of Contact Person  at (602)  Area Code  Daytime Telephone Number			
Name of Contact Person Area Code Daytime Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327  Tallahassee, FL 32314  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a check for the following amount:			

□ \$155.00 Filing Fee &

Certified Copy

□ \$125.00 Filing Fee

□ \$130.00 Filing Fee &

Certificate of Status

■ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;	
1. APLL/CFR AutoDirect, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company;" "L.L.C.," or "LLC.")	
(If name unavailable, enter elternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "L.L.C,")	
<sub>2.</sub> Delaware <sub>3.</sub> 47-3024812	1
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
Business not yet commenced.	1
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	ļ
5. 15501 Texaco Ave	
Paramount, California 90723	
(Street Address of Principal Office)	
6. 15501 Texaco Ave	
Paramount, California 90723	2.2
(Mailing Address)	-10
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	12011
(See attached)	
	:
8. 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)	
Signature of an authorized person (In accordance with section 605.0703, F.S., the execution of this document constitutes on affirmation under the penalties of perjury that the facts stated herein are true. I am morare that any folso information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)	
Christoph Seitz, CEO	

Typed or printed name of signee

#### SUPPLEMENTAL INFORMATION TO

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO

#### TRANSACT BUSINESS IN FLORIDA

(APLL/CFR AutoDirect, LLC)

- 7. The name, title and capacity and address of the person(s) who has/have authority to manage is/are:
  - a. William Villalon, Manager, 16220 N. Scottsdale Rd., Suite 300, Scottsdale, Arizona 85254
  - b. Mike Pilver, Manager, 34119 W 12 Mile Rd # 300, Farmington Hills, MI 48331
  - c. Eugene Seck, Manager, 16220 N. Scottsdale Rd., Suite 300, Scottsdale, Arizona 85254
  - d. Maximiliaan Hoes, Manager, 15501 Texaco Ave, Paramount, California 90723
  - e. Christoph Seitz, Manager and CEO, 15501 Texaco Ave, Paramount, California 90723



## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	ble, the alternate to be used in the state of Flo	orida is:
The nam	ne and the Florida street address of the regist	ered agent and office are:
	Corporation Service Company	رين <b>است.</b> اين <b>است.</b>
	(Name)	
	1201 Hays Street	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Tallahassee FI.	32301
	City/State	₂/Zip
bility con istered a tutes rela	n named as registered agent and to accept sen npany at the place designated in this certifica tigent and agree to act in this capacity. I furth nating to the proper and complete performance whiligations of my position as registered agent	te, I hereby accept the appointment as ner agree to comply with the provisions of all to of my duties, and I am familiar with and
cept the o itutes.		Courtney Williams

Designation of Registered Agent

Certificate of Status (optional)

\$ 30.00 Certified Copy (optional)

\$ 25.00

\$ 5.00

## Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "APLL/CFR AUTODIRECT, 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 SIXTEENTH DAY OF MARCH, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "APLL/CFR AUTODIRECT, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF JANUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5680135 8300

150361906

Jeffrey W Bullock, Secretary of State

AUTHENT CATION: 2201882

DATE: 03-16-15

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