M15000004488

(Re	equestor's Name)	
(Ad	dress)	
<u></u>		
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE

ALL AN ASSET FLORIDA

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	Auto Source Internatio	onal, LLC				
		Name of I	imited Liability	Company		-
	closed "Application by Foreign ace, and check are submitted to					
Please	return all correspondence conc	erning this matter to the	following:			
		Ar	ri B. Berris			
		Na	me of Person			-
		The	Berris Law Fir	m, PC		
		Fir	m/Company			-
		740	Welch Road			
			Address			.
		Comr	nerce Twp, MI	48390		
		City/Sta	ate and Zip Cod	e		-
	17		ris@sliauto.com			-
For fur		mail address: (to be used	for future annua	ai report no	tification)	
roi iui	ther information concerning thi					
	Ari B.	Derris Ontact Person	_ at (_)	242.7140	-
		ontact Person	Area Cod	•	ytime Telephone Number	
	MAILING ADDRESS: Division of Corporations			Division	F ADDRESS: of Corporations	
	Registration Section P.O. Box 6327				tion Section	
	Tallahassee, FL 32314				ecutive Center Circle see, FL 32301	
Enclose		amount: \$130.00 Filing Fee & ertificate of Status	□ \$155.00 Fil Certified Copy		☐ \$160.00 Filing Fee, C of Status & Certified Co	



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 18, 2015

ARI B BERRIS 740 WELCH ROAD COMMERCE TWP, MI 48390

SUBJECT: AUTO SOUTCE INTAERNATIONAL, LLC

Ref. Number: W15000035100

We have received your document for AUTO SOUTCE INTAERNATIONAL. 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

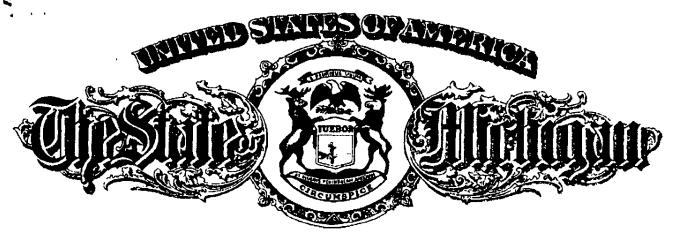
Tim Burch Regulatory Specialist II

Letter Number: 615A00010402

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. Auto Source Networ	-					
	ign Limited Liability	Company; must include "Li	mited Liability Company," "L.L.C.," or "	LLC.")		
ASN, LLC						
(If name unavailable, enter al Liability Company," "L.L.C.		for the purpose of transacting	ng business in Florida. The alternate name	must include	'Limited	i
2. Michigan	,	2				
(Jurisdiction under the law	of which foreign limit	ed liability 3.	(FEI number, if applicable)			
company is organized)	·	N/A				
4	(Date first tran	nsacted business in Florida.	if prior to registration.)			
	(See sections 60:	5.0904 & 605.0905, F.S. to	determine penalty liability)			
5		746 Welch Road				
		Commerce Twp, MI 483	390	₹		
	(Stree	et Address of Principal Offic	ce)		টো	(CONTRACT)
6		740 Welch Road		>		
		Commerce Twp, MI 483	100	AS	1	Characters
	· · · · · · · · · · · · · · · · · · ·	(Mailing Address)		SEG	<u>ယ</u>	ii Control
7 - 31	6 171 i de i ete		T		3	
7. Name and street addres	_	• •	1 acceptable)	<u>65</u>	₹ <u>₹</u>	
Name:	The Company Cor	poration	<u>. </u>	PE	28	
Office Address:	1201 Hays Street			35		
	Tallahassee		, Florida 32301			
		(City)	(Zip code)			
this application, I hereby a	accept the appointm tatutes relative to th	ent as registered agent a se proper and complete p	ss for the above stated corporation a und agree to act in this capacity. I fu verformance of my duties, and I am f ASST V.P. ignature)	rther agree to	comp.	ly
8. The name, title or capa	city and address of t	he person(s) who has/hav	e authority to manage is/are:			
jurisdiction under the law o of the translator must be su	f which it is organiz bmitted)	ed. (If the certificate is in Signature of an authorize	authenticated by the official having cu the foreign language, a translation of the ed person ent constitutes an affirmation under th	he certificate	under o	eth
	ue. I am aware that a	any false information sub)	omitted in a document to the Departme			
·		Joshua Kaplan	P-1			
		 Typed or printed name or 	t signee			



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

AUTO SOURCE NETWORK, LLC

was validly organized on February 15, 2013 as a Limited Liability Company. Said Limited

Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

THE STORY OF THE S

Sent by Facsimile Transmission 1304746

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 28th day of April, 2015

Alan J. Schefke, Director

Corporations, Securities & Commercial Licensing Bureau