

M15000005531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

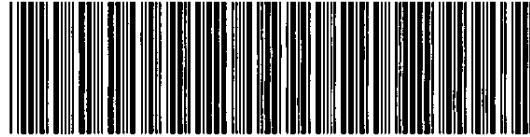
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 JUL 14 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 15 2015

T. HAMPTON

15000005531

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Dealership Performance CRM, 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:

Ezequiel Arredondo

Name of Person

Firm/Company

Address

City/State and Zip Code

Zeke@dealerspike.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ezequiel Arredondo

800

800-288-5917 ext. 407

at (_____) _____

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:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

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



RECEIVED
15 JUL 14 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 1, 2015

EZEQUIEL ARREDONDO
DEALERSHIP PERFORMANCE CRM LLC
P O BOX 146
TUALATIN, OR 97062

SUBJECT: DEALERSHIP PERFORMANCE CRM, LLC
Ref. Number: W15000044954

We have received your document for DEALERSHIP PERFORMANCE CRM, 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.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Tammy Hampton
Regulatory Specialist III

Letter Number: 615A00013876

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. Dealership Performance CRM, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited
Liability Company," "L.L.C.," or "LLC.")

2. Oregon 3. 46-4803037
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
company is organized)

4. 3/16/2015
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 18765 SW Boones Ferry Rd #300
Tualatin, OR 97062
(Street Address of Principal Office)

6. PO Box 146
Tualatin OR, 97062
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Dan Cantrell
Office Address: 318 Mehlenbacher Rd
Belleair, Florida 33756
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in
this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept
the obligations of my position as registered agent.


(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Jay Mason, Member, PO Box 146, Tualatin OR 97062

9. Attached is a 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 (If the certificate is in a foreign language, a translation of the certificate under oath
of the translator must be submitted)


Signature of authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that
the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third
degree felony as provided for in s 817.155, F.S.)

Jay Mason
Typed or printed name of signee

FILED
15 JUL 14 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Oregon

*OFFICE OF THE SECRETARY OF STATE
Corporation Division*

Certificate of Existence 691B599L3

I, ROBERT TAYLOR, DEPUTY SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

DEALERSHIP PERFORMANCE CRM, LLC

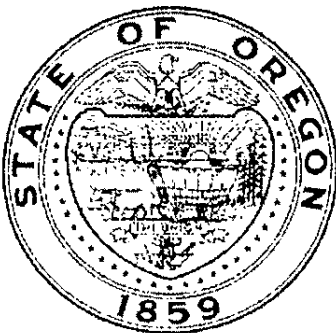
is

Organized

under the laws of The State of Oregon

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.*



A handwritten signature in black ink, appearing to read "RT", is written over a horizontal line.

ROBERT TAYLOR, DEPUTY SECRETARY OF STATE

6/24/2015