# M1500001649

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 21, 2015

KRISHNA RAMNANAN 6600 HIGH RIDGE ROAD BOYNTON BEACH, FL 33426

SUBJECT: COMPLETE CAR PARTS LLC

Ref. Number: W15000048885

We have received your document for COMPLETE CAR PARTS LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

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 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.

Stacey M Mason Regulatory Specialist II

Letter Number: 615A00015277

#### **COVER LETTER**

TO: Registration Section Division of Corporation			
SUBJECT:	Complex Name of Limite	e Car Parts ed Liability Company	LLC.
The enclosed "Application by Fo Existence, and check are submitt	reign Limited Liability Com ed to register the above refer	pany for Authorization to Tr enced foreign limited liabilit	ansact Business in Florida," Certificate of ty company to transact business in Florida
Please return all correspondence	concerning this matter to the	following:	
	Keish	NA RAMUANAN aine of Person	<u></u>
	Complete	Car Park L	LC
-	6600 High	Car Park L irm/Company Ridge Rd,	
	<u>R</u>	OYNTON Beach tate and Zip Code	. FL 33426
		ouxtain q Roup inc d for future andual report notific	
For further information concerning	ng this matter, please call:		
KRISHNA	Вашнанан	at ()	450 - 7394
Name	of Contact Person	Area Code Da	aytime Telephone Number
MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	s Divisio Registr Clifton 2661 E	et Address:  n of Corporations ation Section Building xecutive Center Circle ssee, FL 32301	•
Enclosed is a check for the ☐ \$125.00 Filing Fee	following amount: \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$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. COMPLETE CAR PARTS // C (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. Nevada (Jurisdiction under the law of which foreign limited liability company is organized)  3. 32-0420/93 (FEI number, if applicable)
4. N/A  (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 20533 BISCAYNE BLVD SUITE 386
MIAMI FL 33180 (Street Address of Principal Office)
6. 20533 BISCAYNE BLVD SLITTE 386
MIAMI, FL 33/80 (Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Mikki Hola, General Manager, 20533 Biscayne Blw Suite 386, Miani FL 33180
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 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are tru 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 817:355, F.S.)  ANNUAL AMOUNT  Typed or printed name of signee

### 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.

1. The name of the Limited Liability Company is:
Complete Car Parts LLC
If unavailable, the alternate to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
Mikki Hola (Name)
(Name)
20533 BISCAYNE BIVE SUITE 286 Florida Street Address (P.O. Box NOT ACCEPTABLE)
Miau: FL 33180 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 605, Florida Statutes.  \$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Continue (Internal)
\$ 30.00 Certified Copy (optional)

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **COMPLETE CAR PARTS L.L.C.**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since October 9, 2013, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 28, 2015.

Ballara K. Cegarske

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20150728-0950
You may verify this electronic certificate
online at http://www.nvsos.gov/