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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023

Phone : (850) 205-8842

Fax Number : (850)878-5368

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COVER LETTER

SUBJECT:	ABRA Auto Body	& Glass GP LLC				
audiret:		Name of	Limited Liability	Company		
The enclosed Existence, and	"Application by For I check are submitte	reign Limited Liability Comp ed to register the above refer	pany for Authoriz enced foreign lim	ation to Tra ited liability	ansact Business in Florid y company to transact bu	a," Certificate of siness in Florida.,
Please return	all correspondence (concerning this matter to the	following:			
	Molly Palmer					
		N	ame of Person			, , , , , , , , , , , , , , , , , , ,
	ABRA Auto B	ody & Glass GP LLC				
	Firm/Company					
	7225 Northland Drive, Suite 210, ATTN: Legal Department					
		· · · · · · · · · · · · · · · · · · ·	Address		······································	727 5 [
	Brooklyn Park	, MN 55428				
		City/S	tate and Zip Cod	3		
	mpalmer@abraa	nuto.com				र्शन अ
		E-mail address: (to be use	d for future armu	l report no	tification)	 -
For further in	formation concernin	g this matter, please call:		•		
Mol	ly Palmer		763 at (585-62	14	
	Name	of Contact Person	Area Cod	e Deg	time Telephone Number	 or
Divi Regi P.O.	LING ADDRESS: sion of Corporations stration Section Box 6327 shassee, FL 32314			Division Registrat Clifton B 2661 Exc	r ADDRESS: of Corporations ion Section building coutive Center Circle see, FL 32301	
	check for the follow 125.00 Fiting Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Fill Certified Copy		□ \$160.00 Filing Fee of Status & Certified	

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

IN COMPLIANCE WITH SECTION 615.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN, LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: ABRA Auto Body & Glass GP LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter atternate name adopted for the purpose of transacting business in Florida. The attempte name must include "Limited Liability Company," "L.L.C," or "LLC.") 2. Delaware (Jurisdiction under the law of which foreign limited liability (FBI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 7225 Northland Drive, Suite 210 Brooklyn Park, MN 55428 (Street Address of Principal Office) 7225 Northland Drive, Suite 210, ATTN: Legal Dept. Brooklyn Park, MN 55428 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation (City) 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 dities, and I am familiar with and accept the obligations of my position as registered agent. Michele Miller Oration System ASSISTANT Secretarymit's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Duane Rouse, President and CBO, 7225 Northland Drive, Suite 210, Brooklyn Park, MN 55428 Timothy Adelmann, Executive Vice President, 7225 Northland Drive, Suite 210, Brooklyn Park, MN 55428 Scott Krohn, Executive Vice President, 7225 Northland Drive, Suite 210, Brooklyn Park, MN 55428 9. Attached is a contificate 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)

Typed or printed name of signee

Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Duane A. Rouse

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "ABRA AUTO BODY & GLASS GP 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 TENTH DAY OF SEPTEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

SP 10 M G 32

5609388 8300 SR# 20150076323

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

Jeffrey VI. Bulleth, Secretary of State

Authentication: 10026217

Date: 09-10-15