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(Re	questor's Name)			
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SEP 21 2015 J SHIVERS

3839 Dickerson Pike Nashville, TN 37207

September 11, 2015

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Dear Florida Department of State:

EMS Warranties first transacted business in the state of Florida on January 10, 2015. We completed only two transactions in the state before we realized we needed to file a foreign LLC authorization.

We are now aware there may be a penalty liability associated with these transactions. We would be more than happy to fulfill any and all obligations that may be associated with this.

Please contact our office to notify us of how we may take care of these liabilities.

Sincerely,

Tracy D. McMurtry

EMS Warranties President

5

COVER LETTER

TO:

Registration Section

Division of Corporation	ons		
CUDANCE	EMS 1	NARRANTIES	
SUBJECT:		Limited Liability Company	,
			ransact Business in Florida," Certificate of ity company to transact business in Florida
Please return all correspondence	concerning this matter to the	following:	
	TRACY	M. M. MURT	RY
	N	ame of Person	
	EUS W.	ARLANTIES irm/Company	
	F	irm/Company	
	3839 DI	CKERSON PIKE Address	
		Address	
	NASHVILLE,	TN 37207 tate and Zip Code	
- 	City/S	tate and Zip Code	
Ī^	FO @ EM S WARR, E-mail address: (to be used	ANTIES. COM	
		a for future annual report n	outication)
For further information concerning	ng this matter, please call:		
	HENSON	at (<mark>866)</mark> Area Code	860-7939
Name	of Contact Person	Area Code Da	aytime Telephone Number
MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registra Clifton 2661 Ex	T ADDRESS: n of Corporations ation Section Building secutive Center Circle ssee, FL 32301
Enclosed is a check for the follow \$125.00 Filing Fee	ving amount: \$\square\$ \$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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	A FOREIGN	LIMIT	ED LIABILITY
1			
(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 n Liability Company," "L.L.C," or "LLC.")	ame must in	clude "	Limited
2. TENNESSEE 3. 27-45 060 45 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicab)			
company is organized)	ie)		
4//10/15 (SEE AHFACHMENT)			
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)			
5. 3839 DICKERSON PIKE	_		
NASHVILLE, TN 37207 (Street Address of Principal Office)			
and the same of th			
6. SAME AS ABOVE			
(Mailing Address)			
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)			
Name: ORLANDO CAR DEALS			
Office Address: 8900 South HWY 17-92			
MAITLAND, Florida 32751 (City) (Zip code)			
(City) (Zip code) Registered agent's acceptance:	_		
Having been named as registered agent and to accept service of process for the above stated limited lia	bility comp	any a	t the place
designated in this application, I hereby accept the appointment as registered agent and agree to act in to complywith the provisions of all statutes relative to the proper and complete performance of my duti	his capaci	ly. [fi m faith	urther agree iliar with an
accept the obligations of my position as registered agent.	es, unu i u	<i>"" jum</i> }}	w um
1 0 500-00	3	0	
(Registered agent's signature)	— <u>%</u> ₹	8	, 44,050 J
	Andrew Control		**************************************
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:		7:	8 43
GERALD MARSHALL - GENERAL MANAGER	200h	_(V) -(M)	• •
8900 S. HWY 17-92		-	
MATICAND, FL 32751		_	
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official havin jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation			
of the translator must be submitted)			
Signature of an authorized person			
Signature of an authorized person			
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that a submitted in a document to the Department of State constitutes a third degree felony as provided for in s.8	ny false inf 17.155, F.S	ormati	on
TEACY D. MCMURTRY			
Typed or printed name of signee			



STATE OF TENNESSEE Tre Hargett, Secretary of State

Division of Business Services William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

STEVE HENSON

TRACY D MCMURTRY 3839 DICKERSON PIKE NASHVILLE, TN 37207

September 11, 2015

Request Type: Certificate of Existence/Authorization

0174946

Issuance Date: 09/11/2015

Copies Requested:

Document Receipt

Receipt #: 002230473

Filing Fee:

\$22,25

Payment-Credit Card - State Payment Center - CC #: 164685315

\$22.25

Regarding:

Request #:

EMS Warranties, Inc.

Filing Type:

For-profit Corporation - Domestic

Formation/Qualification Date: 01/13/2011

Status:

Active

Duration Term:

Perpetual

Business County: DAVIDSON COUNTY

Control #:

648472

Date Formed:

01/13/2011

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

EMS Warranties, Inc.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above:
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial has not been filed.

Tre Hargett

Secretary of State

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