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(Re	equestor's Name)			
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K.SALY EXAMINER NOV 20 2015 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	12000000019	95		
	REFERENCE	:	878488	7922643		
	AUTHORIZATION	:	D. Was			
	COST LIMIT	:	\$ 1925.00	man		
ORDER DATE : No	ovember 18, 2015	5				
ORDER TIME :	5:59 PM					
ORDER NO. : 8	78488-015					
CUSTOMER NO:	7922643					
		. .				
FOREIGN FILINGS						
NAME: ASBURY MANAGEMENT SERVICES, LLC						
XXXX QUALIFICATION (TYPE: LL)						
PLEASE RETURN T	HE FOLLOWING AS	PRO	OOF OF FILIN	NG:		
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING						

EXAMINER:

CONTACT PERSON: Melissa Zender -- EXT# 62956

COVER LETTER

And the second second second

TO:	Registration Section Division of Corporation	ns				
SUBJE	Asbury Managemer	nt Services, LLC				
SOBJE	C1	Name of I	Limited Liability (Company	<u></u>	
					insact Business in Florida," Certi company to transact business in	
Please re	eturn all correspondence o	concerning this matter to the	following:			
		Na	ame of Person			
	Corporation Se	rvice Company				
		Fi	rm/Company			
	2711 Centervill	e Road, Suite 400				
			Address	-		
	Wilmington, D	E 19808	,			
		City/St	ate and Zip Code			
		E-mail address: (to be used	for future annual	report not	ification)	
For furth	ner information concerning	g this matter, please call:				
	Name o	f Contact Person	_ at (Area Code	_) Day	time Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
Enclosed	d is a check for the follow ☐ \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Certific of Status & Certified Copy	ate

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT RUSINESS. IN THE STATE OF FLORIDA:

(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.")	
Liability Company," "L.L.C," or "LLC.")	
2. Delaware 3. 36-4813791	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. upon filing	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5 2905 Premiere Parkway, Suite 300	TT.
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 2905 Premiere Parkway, Suite 300 Duluth, GA 30097 (Street Address of Principal Office)	*******
Duluth, GA 30097	1
(Street Address of Principal Office)	, j
6. 2905 Premiere Parkway, Suite 300	3
(Street Address of Principal Office) 6. 2905 Premiere Parkway, Suite 300 Duluth, GA 30097 (Mailing Address)	
(Mailing Address)	
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Corporation Service Company	
Name:	
Office Address: 1201 Hays Street	
Tallahassee , Florida 32301	
(City) (Zip code)	
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the ple designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wi accept the obligations of my position as registered agent. Corporation Service Company Emily Croft By: (Registered agent's signature). Sst. Vice President	gree
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
Asbury Automotive Group L.L.C., Member	
2905 Premiere Parkway, Suite 300, Duluth, GA 30097	
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 confidence of the translator must be submitted) 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	

George A. Villasana, Authorized Person

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASBURY MANAGEMENT SERVICES, 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 EIGHTEENTH DAY OF NOVEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ASBURY MANAGEMENT SERVICES, LLC" WAS FORMED ON THE EIGHTH DAY OF JULY, A.D. 2015.

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

Authentication: 10449342

Date: 11-18-15

5781073 8300 SR# 20150981621

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