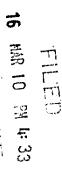
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COVER LETTER

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TO:

Registration Section

Div	ision of Corporation JAZ Automotive Pro						
SUBJECT:	Name of Limited Liability Company						
The enclosed Existence, an	I "Application by For nd check are submitte	reign Limited Liability Comp d to register the above refere	enced foreign limit	tion to Tra ed liability	nsact Business in Flor company to transact	ida," Certificate of business in Florida	
Please return	all correspondence of	concerning this matter to the	following:				
	Jenny Foster						
	Name of Person						
	Shayne Nichols	LLC					
		Fi	rm/Company			्रित क	
	4653 Trueman	Blvd, Ste 121			;	温姜二	
	Address					EN TO RE	
	Hilliard, OH 43	3026				10 M # 33	
		City/S	tate and Zip Code	<u></u> .			
	phil@cmhlegal.c	com				भूगा क	
		E-mail address: (to be used	for future annual	report not	ification)		
For further in	nformation concernin	g this matter, please call:					
Jenny Foster		614 at (221-222	20			
	Name o	of Contact Person	Area Code	Day	time Telephone Num	ber	
Div Reg P.C	ision of Corporations gistration Section Box 6327 Iahassee, FL 32314	S		Division Registrati Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle iee, FL 32301		
	a check for the follow \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing F of Status & Certifie		

`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:

	rties. LLC				
(Name of Fore	rties, LLC ign Limited Liability Company; must include "Lii	mited Liability Company," "L.L.C.," or "	LLC.")		-
	ternate name adopted for the purpose of transactin			le "Lin	- nit ed
2. Ohio	3.				
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)			=
4					
	(Date first transacted business in Florida, (See sections 605.0904 & 605.0905, F.S. to	if prior to registration.) determine penalty liability)			
5. 3295 Pine Ridge Road					
Naples, FL 34109					
	(Street Address of Principal Office)		16	
6. 225 E. Spring Street		<u>-</u>		-	
Columbus, OH 43215			1.50	HAR.	Ti
	(Mailing Address)		aria Aliman Arian aliman	0	
7. Name and street address	s of Florida registered agent: (P.O. Box NO	Tacceptable)		70	
Name:	Mittylyn Spoto		د است. د است. د است.		
Office Address:	11286 Tamiami Trail North		jýtra	ဌဌ	
	Naples	, Florida 34110			
Registered agent's accep	(City)	(Zip code)			
designated in this applica to complywith the provision accept the obligations of t	gistered agent and to accept service of procestion, I hereby accept the appointment as regions of all statutes relative to the proper and only position as registered agent. (Registored agent's secity and address of the person(s) who has/haven.	istered agent and agree to act in this complete performance of my duties, ignature)	s capacity.	I furtl	her agree
Stephen L. Germain, Man	ager				
225 E. Spring Street					
Columbus, OH 43215			 -		
	of existence, no more than 90 days old, duly of which it is organized. (If the certificate is in abmitted)				
	Signature of an authoriz	zed 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.

Philip R. Nichols, Esq., Authorized Representative

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show JAZ AUTOMOTIVE PROPERTIES, LLC, an Ohio For Profit Limited Liability Company, Registration Number 2337216, was organized within the State of Ohio on October 22, 2014, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 4th day of March, A.D. 2016.

Ohio Secretary of State

for Hastel

Validation Number: 201606401822