

MI000002906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

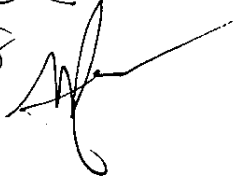
☐ MAIL

(Business Entity Name)

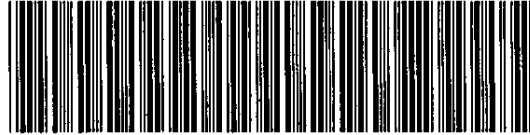
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE FLORIDA

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MAP of Orlando, LLC  
dba Mighty Auto Parts of Orlando  
3818 West Jefferson Blvd., Suite 201  
Fort Wayne, IN 46804-6836  
Phone (260) 436-2444 Fax (260) 225-4524

April 1, 2016

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: Foreign LLC registration

Dear Sir or Madam:

MAP of Orlando, LLC, dba Mighty Auto Parts of Orlando, is registering as an Indiana LLC doing business in the state of Florida. Please find enclosed the Foreign LLC Registration application, a copy of the Certificate of Existence and the Certificate of Assumed Business Name from the Indiana Secretary of State, and our check for \$125.00.

Please feel free to contact me with any questions at (260) 436-2444, ext. 119.

Sincerely,

A handwritten signature in black ink that reads "Diane L. Dager".

Diane L. Dager  
Assistant Controller

cc: M. Gardner  
J. Greenfield

Enclosures – as noted above

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MAP of Orlando, LLC dba Mighty Auto Parts of Orlando  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Diane Dager

\_\_\_\_\_  
Name of Person

MAP of Orlando, LLC

\_\_\_\_\_  
Firm/Company

3818 West Jefferson Blvd., Suite 201

\_\_\_\_\_  
Address

Fort Wayne, IN 46804-6836

\_\_\_\_\_  
City/State and Zip Code

ddager@jiflube.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diane Dager

260

436-2444 x 119

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$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. MAP of Orlando, L.L.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. Indiana 3. 81-1868079  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. April 6, 2016  
*Effective Date* (Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 987 Josiane Court Suite 1046  
Altamonte Springs, FL 32701  
(Street Address of Principal Office)

6. 3818 West Jefferson Blvd. Suite 201  
Fort Wayne, IN 46804  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Michael Gardner  
Office Address: 987 Josiane Court Suite 1046  
Altamonte Springs, Florida 32701  
(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 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 duties, and I am familiar with and accept the obligations of my position as registered agent.*

*Michael Gardner, CFO*  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Michael Gardner, CFO c/o MAP of Orlando LLC, 987 Josiane Court Ste. 1046, Altamonte Springs, FL 32701

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 oath of the translator must be submitted)

*Michael Gardner, CFO*  
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.

*MICHAEL GARDNER, CFO*  
Typed or printed name of signee

2016 APR -4 AM 10:21  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

STATE OF INDIANA  
OFFICE OF THE SECRETARY OF STATE  
CERTIFICATE OF EXISTENCE

2016 APR -4 AM 10:21  
FILED  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

To Whom These Presents Come, Greetings:

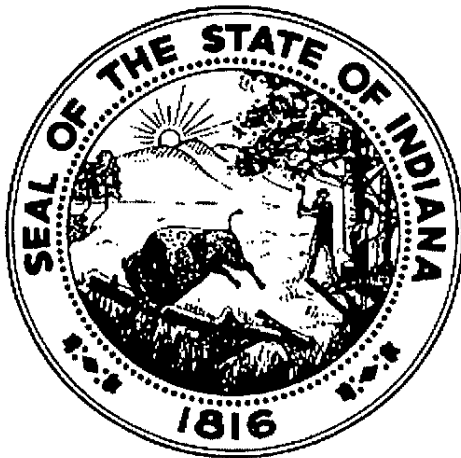
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

MAP OF ORLANDO, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on March 01, 2016, and was in existence or authorized to transact business in the State of Indiana on April 01, 2016.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this First Day of April, 2016.

*Connie Lawson*

Connie Lawson, Secretary of State

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