1116000003518

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



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DEPARTMENT OF S AS

K.SALY EXAMINER MAY - 3



May 2, 2016

VIA HAND DELIVERY

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

RE: Automakerwarranty.com LLC Foreign Entity Registration

To Whom It May Concern:

As part of the foreign entity registration of the above-captioned entity, enclosed please find the following materials:

- \$125 Registration Fee;
- Registration Cover Letter;
- Executed Foreign Entity Registration Application; and
- Certificate of Good Standing from Illinois.

The attorneys and professionals at Meenan, P.A. will be the point of contact for this application. Please direct all correspondence to my attention at the following address:

325 W. College Ave. Tallahassee, FL 32301

Should you have any questions or require any additional information, please do not hesitate to contact me. Thank you for your time and attention to this matter.

Sincerely,

Luke Grabowski

/LG

Encloures



COVER LETTER

TO:	Registration Section Division of Corporation	ns							
SUBJI	Automakerwarranty	com LLC							
		Name of	Limited Liability	Company					
					ansact Business in Florida," by company to transact busin				
Please	return all correspondence of	oncerning this matter to the	following:						
	Mark Hodes								
	 	N	lame of Person	·					
	Automakerwari	ranty.com LLC							
		Firm/Company							
	222 Merchandi	se Mart Place, Suite 1212							
		Automakerwarranty.com LLC Firm/Company 22 Merchandise Mart Place, Suite 1212 Address Chicago, IL 60657 City/State and Zip Code ark@forevercar.com E-mail address: (to be used for future annual report notification)							
	Chicago, IL 600	657							
		City/S	State and Zip Code						
	mark@foreverca	r.com							
		E-mail address: (to be use	d for future annua	report no	tification)				
For fur	ther information concerning	g this matter, please call:							
	Luke Grabowski		850 at (425-40	000				
	Name o	f Contact Person	Area Code	Day	ytime Telephone Number				
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton E 2661 Exc	of Corporations cion Section Building ecutive Center Circle see, FL 32301				
Enclos	ed is a check for the follow ■ \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ng Fee &	□ \$160.00 Filing Fee, Ce 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:

Automakerwarranty.com	n LLC gn Limited Liability Compa	nv: must include "Li	mited Liebility Compa	my " " I C " o	- 41.C."
(Name of Pole)	gn Linned Liability Compa	any, must menude 121	inited Liability Compa	uny, L.L.C., 0	I LLC.)
name unavailable, enter alt ability Company," "L.L.C."		purpose of transacting	ng business in Florida.	The alternate na	me must include "Limited
Illinois			610820		
company is organized)	f which foreign limited liab	ility	(FEI num	ber, if applicable	2)
N/A					_
	(Date first transacted (See sections 605.0904)	d business in Florida, 1 & 605.0905, F.S. to	if prior to registration determine penalty liab	.) pility)	
222 Merchandise Mart					. 20
Chicago, IL 60657					THE THE THO MAN THE SECRET STATE OF STA
		ress of Principal Offi	ce)		調って
222 Merchandise Mart I	Place, Suite 1212				_ 鑑 ~ m
Chicago, IL 60657					明皇下
	(N	Mailing Address)			- Eg ÷
	·				超
Name and street address	of Florida registered age		<u>rr</u> acceptable)		
Name:	·	Meenan, P.A.			
Office Address:	325 W. College Ave.				
	Tallahassee		, Florida	32301	
		City)	, гюнаа_	32301 (Zip code)	_
ignated in this applicati complywith the provision	on, I hereby accept the a	appointment as reg to the proper and	istered agent and ag	gree to act in th	oility company at the place his capacity. I further agr is, and I am familiar with
-	72	(Registered agent's s	ignature)		_
The name, title or capacark Hodes, CEO	city and address of the pe	rson(s) who has/ha	ve authority to mana	ge is/are:	
Attached is a certificate of sdiction under the law on the translator must be sufficient to the sufficient of the suffin	f which it is organized. (I	n 90 days old, duly If the certificate is i	authenticated by the n a foreign language	official having	custody of records in the of the certificate under oatl
s document is executed mitted in a document to	in accordance with section the Department of State controls.	n 605.0203 (1) (b), constitutes a third de	Florida Statutes. I ar egree felony as provi	m aware that and ded for in s.81'	ny false information 7.155, F.S.
	Mark Hodes				

Typed or printed name of signee



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

AUTOMAKERWARRANTY.COM LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 10, 2011, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 20TH day of APRIL A.D. 2016 .

Authentication #: 1611102386 verifiable until 04/20/2017
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE