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J. HARRIE

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 391302 7221335

AUTHORIZATION: Spelle man

COST LIMIT : \$ 125.00

ORDER DATE: December 5, 2016

ORDER TIME: 12:04 PM

ORDER NO. : 391302-025

CUSTOMER NO: 7221335

## FOREIGN FILINGS

NAME: AUTONATION NORTH TEXAS MANAGEMENT GP, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

## 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. AutoNation North Texas Management GP, LLC

Liability Company," "L.L.C,"	Iternate name adopted for the purpose of transaction "or "LLC.")	ig business in Florida. The alternate name must i	nclude "Limited
2. Delaware		037931	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4.			
T,	(Date first transacted business in Florida, (See sections 605.0904 & 605.0905, F.S. to	if prior to registration.)	
5. 200 SW 1st Avenue, 1	•	dotermine possitify missing)	
Fort Lauderdale, FL 33	1301	**************************************	<b>新</b>
Torrisadderdate, 12 32	(Street Address of Principal Office	œ)	居。
6. 200 SW 1st Avenue, 14	•	,	0 :
Fort Lauderdale, FL 33	3301		<b>の</b> 小説
Total Dadder date, 12 35	(Mailing Address)		
7 Nome and street address	ss of Florida registered agent: (P.O. Box NO	T uccentable)	တ္ 🔠
7. Name and street address	Alison E. Bethel	r_acceptable)	- <del>-</del> 19
Name:	Anson E. Beuer	<del></del>	
Office Address:	200 SW 1st Avenue, 14th Floor		
	Fort Lauderdale	, Florida <u>33301</u>	
Registered agent's accep	(City)	(Zip code)	
this application, I hereby	gistered agent and to accept service of proce accept the appointment as registered agent o statutes relative to the proper and complete p	and agree to act in this capacity. I further o	agree to comply
the obligations of my posi	By: (Registered agent's s	ignature)	
the obligations of my posi	By: (Registered agent's s		
the obligations of my positions.  8. The name, title or capa	By: (Registered agent's s		
the obligations of my posi	By: (Registered agent's s acity and address of the person(s) who has/havent and Sole Manager		_
8. The name, title or capa Ronald Ardissone, President	By:  (Registered agent's s acity and address of the person(s) who has/havent and Sole Manager  Floor		
8. The name, title or capa Ronald Ardissone, Preside 200 SW 1st Avenue, 14th Fort Lauderdale, FL 3330	By:  (Registered agent's s acity and address of the person(s) who has/havent and Sole Manager  Floor  of existence, no more than 90 days old, duly of which it is organized. (If the certificate is in	authenticated by the official having custody n a foreign language, a translation of the cer	

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Ronald Ardissone

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AUTONATION NORTH TEXAS MANAGEMENT GP,

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 SIXTH DAY OF DECEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AUTONATION NORTH TEXAS MANAGEMENT GP, LLC" WAS FORMED ON THE THIRTEENTH DAY OF JANUARY, A.D. 2003.

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

Authentication: 203453924

Date: 12-06-16

3613684 8300 SR# 20166926988