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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]
8/11/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2017

MICHAEL GARDNER
1300 AIRPORT NORTH OFFICE PARK, SUITE A
FORT WAYNE, IN 46825-6717 US

SUBJECT: AUTO ASSOCIATES SOUTH 1417, LLC
Ref. Number: W17000064660

We have received your document for AUTO ASSOCIATES SOUTH 1417, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 254-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 217A00016055

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Auto Associates South 1417, LLC

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:

Michael Gardner

Name of Person

Auto Associates South 1417, LLC

Firm/Company

1300 Airport North Office Park, Suite A

Address

Fort Wayne, IN 46825-6717

City/State and Zip Code

mgardner@jiflube.com

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

For further information concerning this matter, please call:

Michael Gardner

260

436-2444

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 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Auto Associates South 1417, LLC
(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. 82-2106452
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. Estimated date Aug. 15, 2017
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 1300 Airport North Office Park 6. 1300 Airport North Office Park
(Street Address of Principal Office) (Mailing Address)
Suite A Suite A
Fort Wayne, IN 46825-6717 Fort Wayne, IN 46825-6717

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

Name: Michael Gardner

Office Address: 1417 Clay Avenue
Panama City, Florida 32401
(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.

[Signature] CFO: MEMBER
(Registered agent's signature)

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

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|-----------------------------|---|-----------------------------|---|
| <u>Member</u> | <u>Jeff Denney</u> <u>1300 Airport North Off. Pk., S</u> <u>Fort Wayne, IN 46825-6717</u> | <u>Member</u> | <u>Lonnie Hinkle</u> <u>1300 Airport North Off. Pk., S</u> <u>Fort Wayne, IN 46825-6717</u> |
| <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| <u> </u> | <u> </u> | <u> </u> | <u> </u> |

(Use attachments if necessary)

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)

10. 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.

[Signature] CFO: MEMBER
Signature of an authorized person

MICHAEL GARDNER, CFO: MEMBER
Typed or printed name of signer

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17 AUG 10 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**State of Indiana
Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

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 the proper official to execute this certificate.

I further certify that records of this office disclose that

AUTO ASSOCIATES SOUTH 1417, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on July 10, 2017, and was in existence or authorized to transact business in the State of Indiana on August 11, 2017.

I further certify this Domestic Limited Liability Company 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 caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 11, 2017

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

201707101203968 / 2017378735

Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>

**State of Indiana
Office of the Secretary of State**

**Certificate of Organization
of
AUTO ASSOCIATES SOUTH 1417, LLC**

I, CONNIE LAWSON, Secretary of State, hereby certify that Articles of Organization of the above Domestic Limited Liability Company have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Flexibility Act.

NOW, THEREFORE, with this document I certify that said transaction will become effective Monday, July 10, 2017.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, July 10, 2017

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

201707101203968 / 7643884

To ensure the certificate's validity, go to <https://bsd.sos.in.gov/PublicBusinessSearch>

**State of Indiana
Office of the Secretary of State**

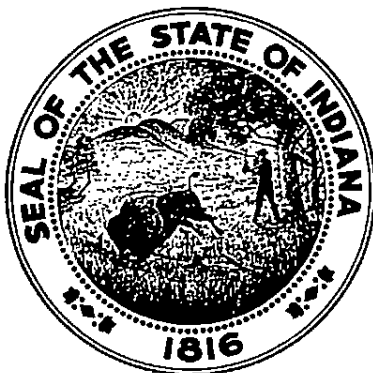
**Certificate of Assumed Business Name
of
AUTO ASSOCIATES SOUTH 1417, LLC**

I, CONNIE LAWSON, Secretary of State, hereby certify that a Certificate of Assumed Business Name of the above Domestic Limited Liability Company has been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Flexibility Act.

Following said transaction, the above named entity will transact business under the assumed business name(s) of:

TUFFY EXPRESS AUTO SERVICE CENTER

NOW, THEREFORE, with this document I certify that said transaction will become effective **Thursday, August 03, 2017.**



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 03, 2017.

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

201707101203968 / 7661270

To ensure the certificate's validity, go to <https://bsd.sos.in.gov/PublicBusinessSearch>