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(Requestor's Name) (Address) (Address)	400304786284
(City/State/Zip/Phone #)	
(Business Entity Name) (Document Number) ertified Copies Certificates of Status	17 OCT 25 AH 15 47
Special Instructions to Filing Officer:	
Office Use Only	TFILED 17 OCT 26 AH 9: 20 DIGAL ANT OF STATE ALLAWASSEE FLORIDA
	S. WARREN OCT 2 7 2017

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

· · ·

ACCOUNT NO. : I2000000195
REFERENCE : 884275 7221335
AUTHORIZATION :
COST LIMIT : \$125.00 Made
ORDER DATE : October 25, 2017
ORDER TIME : 10:01 AM
ORDER NO. : 884275-005
CUSTOMER NO: 7221335
<u>FOREIGN_FILINGS</u>
NAME: ACP AUTO PARTS, LLC
XXXX QUALIFICATION (TYPE: LL)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY         XX       PLAIN STAMPED COPY         CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Roxanne Turner EXT# 62969

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 LABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ACP Auto Parts, LLC (Nume of Foreign )	Limited Liability Company, must include "Limited	d Laability C	Company," "L.L.C.," or "LLC."	)	
name unavailable, enter alternate pa	une adopted for the purpose of transacting business in Flor	rida. The alter	nate name must include "Limited Lia	ability Company,"	"L I. (`," or "LLC,")
Delaware			32-2167040		
DelaWare (Jurisdiction under the law of which foreign lumited liability company is organized)		<i>J</i> . <u>-</u>		ber, if applicable)	
	(Date fust transacted business in Florida, if prior to r (See sections 605 0904 & 605 0905, F.S. to determin	registration.) ne penalty liab	pility)		1
200 SW 1st Avenue, 14		6. 2	00 SW 1st Avenue, 14th	Floor	
(Street Address of P		_	(Mailing Add		
Fort Lauderdale, FL 33	301	F	ort Lauderdale, FL 3330		
		_			
Name and street addres	s of Florida registered agent: (P.O. Box	<u>NOT</u> ace	ceptable)		
	Corporation Service Company			1	26
Name:	·····				
Office Address:	1201 Hays Street				
	Tallahassee		, Florida <u>32301</u>		NO1 NICLA NICLA NICLA
egistered agent's accept	(City)		(7 <i>i</i> µ co	de)	
comply with the provisi	tion, I hereby accept the appointment as ons of all statutes relative to the proper of my position as registered agent.	s registere		t in this capa	city. 1 Jurther agre
comply with the provisi	tion, I hereby accept the appointment as ons of all statutes relative to the proper	s registere and com NAI	ed agent and agree to ac	t in this capa duties, and i	city. I jurther agre I am familiar with
comply with the provision accept the obligations . The name, title or capa	tion, I hereby accept the appointment as ons of all statutes relative to the proper of my position as registered agent. Corporation Service Company By: (Registered agent's to city and address of the person(s) who ha	s registere and comp signature) signature)	ed agent and agree to act plete performance of my M Dure thority to manage is/are:	t in this capa duties, and f	city, 1 jurther agred f am familiar with Roxanne Turn Asst. Vice Presid
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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACP AUTO PARTS, 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 OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACP AUTO PARTS, LLC" WAS FORMED ON THE FOURTEENTH DAY OF JULY, A.D. 2017.

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



6478515 8300

SR# 20176518753 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203359318 Date: 10-06-17

Page 1