12/8/2017

Division of Corposations



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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (512)418-6949 : (954)208-0845 Fax Number **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:___

Foreign Limited Liability Company

CLEARLANE AUTOMOTIVE SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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Help

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TO:	Registration Section Division of Corporation	15 .	٠.			•	·		
				•					
SURJE	CT: Clearl and Automot	ive Se	rvice	s LI	LC				

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.

Name of Limited Liability Company

Please return all correspondence co	pocerning this matter to the	following:		
	N:	nme of Person		
·	Fi	rm/Company		-
		Address		-
barbara.taylor@al	ly.com	tate and Zip Code		-
For further information concerning	E-mail address: (to be used this matter, please call:	d for future annual n	port notification)	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Contact Person	Σ̄	Daytime Telephone Number TREET ADDRESS: Division of Corporations Registration Section Clifton Building 661 Executive Center Circle	
Enclosed is a check for the following S125.00 Filing Fee	ng amount: 1 \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Certified Copy	Fee & \$\Bigcup \$160.00 Filing Fee. Cof Status & Certified Co	Certificate opy

. . .

APPLICATION BY FOREIGN LIMITED MABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0702 FLORIDA STATUTES, THE FOLLOWING IS SURMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Clearlane Automotive (Name of Toreign	Services LLC Limited Liability Company, must melude "Limited	d Liability Company," "L L.C	`,'' or TLC.")	
Of name into allable, enter alterrate in	unic adopted for the purpose of monacting business in Flo	esta: The alterness tenne must inch	ude "Linered Liability Comp	esychaluca estuca
2 Delaware		3. <u> </u>	(FFI muster, if apple	
	high foreign lenseed liability company is organized)		(FFI mouther, if apple	sb#r)
4. Upon Qualification	Objective transacted business in blands of prior to	recustration in 1		
	(Date first transacted business in Flunda, (Parior to (See acctions 605 0904 & 605 0905, U.S. to determ		l december 10th Flag	
5. 500 Woodward Avenu (Sireer Address of I	Principal Diffice)	6 300 Woodward	Avenue, 10th Floo (Mailing Address)	
Detroit, MI 48226	······································	Detroit, MI 482	226	
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT_acceptable)		
Name:	C T Conporation System	<u> </u>		
Office Address:	1200 South Pine Island Road	m - 18 - 1 - 18 - 18 - 18 - 18 - 18 - 18		
	Plantation	, Plorida	33324 (Zip code)	
	(Cay)	·	(Zip code)	
	By: C I Corporation System (Repaired agent)	Der Julle	Stepher 2	
	•	•		st. Secy.
8. The name, title or cap: Title or Capacity:	acity and address of the person(s) who hame and Address:	Title or Capacity	<u> Sum</u>	e and Address:
MEMBER	Ally Bank			
	200 West Civic Center Dr. Sandy, UT 84070	- -		
			_	
		 -		
(Use attachments if neces	•			
 Attached is a certificate jurisdiction under the law of the translator must be s 	of existence; no more than 90 days old, of which it is organized. (If the certificat abmitted)	duly authenticated by the is in a foreign languag	ne official having cu ge, a translation of th	stody of records in the ne certificate under oath
10. This document is executed in a document to	outed in accordance with section 605.020, o.the Department of State constitutes a th	ird degree felony as pro	es. I am aware that a vided for m s.817.1:	ny false information 55, F.S.
	Donna M DiC	iceo		
	Signature	of an authorized person		
	Ally Bank			
		ennuted atmont signer		



Page 1

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

DELAWARE, DO HEREBY CERTIFY "CLEARLANE AUTOMOTIVE SERVICES 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 EIGHTH DAY OF DECEMBER, A.D. 2017.

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

2 1 05 7

6639300 8300 SR# 20177475564

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

Authentication: 203719699

Date: 12-08-17