M1800000359a

(Re	equestor's Name)	
(Ad	dress)	_
(Ad	ldress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to		
	M18-10	,557

Office Use Only



800309429598

TALL STATE OF STATE O

2018 FEB 19 AM IO 41

MR IS THE RELE

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 075171 4338256

AUTHORIZATION : Spelle Blesse

COST LIMIT : \$\frac{1}{2}\frac{5}{5}.00

ORDER DATE: February 16, 2018

ORDER TIME : 4:34 PM

ORDER NO. : 075171-035

CUSTOMER NO: 4338256

FOREIGN FILINGS

NAME: INTERAMERICAN MOTOR, 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: Emily Croft -- EXT# 62925

EXAMINER:

COVER LETTER

TO:	Registration Section Division of Corporation	πς		
SUBJI	Interamerican Moto	or, LLC		·
		Name of	Limited Liability Company	
The en Exister	closed "Application by Fonce, and check are submitted	reign Limited Liability Comp ed to register the above refere	pany for Authorization to Trenced foreign limited liabilit	ansact Business in Florida," Certificate or y company to transact business in Florid
Please	return all correspondence	concerning this matter to the	following:	
	Cindy Reilly			
		N	ame of Person	
	Kirkland & El	lis LLP		
		F	irm/Company	
	601 Lexington	Avenue		
			Address	
	New York, NY	Y 10022		
		City/S	tate and Zip Code	
	dserrano	@partsauthority.com		
	<u> </u>	E-mail address: (to be use	d for future annual report no	tification)
For fu	rther information concerning	ng this matter, please call:		
	David Serrano		ai \/	1265 x3299
	Name	of Contact Person	Area Code Da	ytime Telephone Number
	MAILING ADDRESS	<u>:</u>	<u>STREE</u>	<u>T_ADDRESS:</u>
	Division of Corporation	s		of Corporations
	Registration Section P.O. Box 6327			tion Section
	Tallahassee, FL 32314			ecutive Center Circle
			i aijanas	see, FL 32301
Enclos	sed is a check for the follow			
	□ \$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



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 13, 2018

CORPORATION SERVICE COMPANY - EMILY CROFT

SUBJECT: INTERAMERICAN MOTOR, LLC

Ref. Number: W18000016333

RESUBNATE SUBNITS SUBMISSION date as file date.

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

The registered agent must sign accepting the designation.

Please return 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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 218A00007460

13 FA 1: 37



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 19, 2018

CORPORATION SERVICE COMPANY - EMILY CROFT

SUBJECT: INTERAMERICAN MOTOR, LLC

Ref. Number: W18000016333

RESUBMIT

Please give original aubmission date as file date.

We have received your document for INTERAMERICAN MOTOR, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is F04000000700 INTERAMERICAN MOTOR CORPORATION.

Please return 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) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 818A00003454

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:

	ame adopted for the purpose of transacting business			isbility Company," "L.L.C," or "LLC.")
Delaware (Jurisdiction under the law of w	nich foreign limited liability company is organized)	_ 3.	82-4196888 (FEI num	nber, if applicable)
4/4/18				
4/4/10	(Date first transacted business in Florida, if pr (See acctions 605.0904 & 605.0903, F.S. to d	nor to registration	1.)	
3 Dakota Drive - Suite	•		3 Dakota Drive - Suite 11	0
(Street Address of	Principal Office)	0.	(Mailing Ad	
Lake Success, NY 110	42		Lake Success, NY 11042	
Name and street address	ss of Florida registered agent: (P.O.	Box NOT	acceptable)	F.C.
Name:	Corporation Service Company			All
Office Address:	1201 Hays Street			\$ 3
	Tallahassee		, Florida 32301	
esignated in this applica	gistered agent and to accept service tion, I hereby accept the appointme	ent as regist	ered agent and agree to ac	ad liability company conthe per tin this capacity. Parther
aving been named as re esignated in this applica comply with the provis nd accept the obligation	stance: registered agent and to accept service stion, I hereby accept the appointme ions of all statutes relative to the prise s of my position as registered agent Corporation Service Company By: (Registered agent acity and address of the person(s) whe Name and Address: Lan Arons, Vice 399 Park Ayenue	ent as regist oper and co con's signature) no has/have	for the above stated limite ered agent and agree to acomplete performance of my	ed liability company cathe part in this capacity. Parther duties, and I am familiar of the Asst. Vice President Name and Address: David Scrrano 399 Park Avenue
aving been named as resignated in this applicate comply with the provising accept the obligation. The name, title or captaille or Capacity: President/Secretary	stance: registered agent and to accept service stion, I hereby accept the appointme ions of all statutes relative to the prise s of my position as registered agent Corporation Service Company By: (Registered ag acity and address of the person(s) wh Name and Address: Lan Arons, Vice 399 Park Avenue New York, NY 10022	ent as regist oper and co con's signature) no has/have	for the above stated limite ered agent and agree to acomplete performance of my authority to manage is/are:	ed liability company casthe per in this capacity. Parther of duties, and I am familiar of the Asst. Vice President Name and Address: David Serrano
aving been named as resignated in this application comply with the provising accept the obligation. The name, title or caparity:	stance: registered agent and to accept service stion, I hereby accept the appointme ions of all statutes relative to the prise s of my position as registered agent Corporation Service Company By: (Registered agent acity and address of the person(s) whe Name and Address: Lan Arons, Vice 399 Park Ayenue	ent as regist oper and co con's signature) no has/have	for the above stated limite ered agent and agree to acomplete performance of my authority to manage is/are:	ed liability company cathe part in this capacity. Parther duties, and I am familiar of the Asst. Vice President Name and Address: David Scrrano 399 Park Avenue
aving been named as resignated in this applicate comply with the provising accept the obligation. The name, title or captaille or Capacity: President/Secretary	stance: registered agent and to accept service stion, I hereby accept the appointment ions of all statutes relative to the prosess of my position as registered agent Corporation Service Company By: (Registered agent) acity and address of the person(s) when Name and Address: lan Arons, Vice 399 Park Avenue New York, NY 10022 Daniel Williams 399 Park Avenue New York, NY 10022	ent as regist oper and co con's signature) no has/have	for the above stated limite ered agent and agree to acomplete performance of my authority to manage is/are:	ed liability company cathe part in this capacity. Parther duties, and I am familiar of the Asst. Vice President Name and Address: David Scrrano 399 Park Avenue
aving been named as resignated in this applicate comply with the provision accept the obligation. The name, title or capatite or Capacity: President/Secretary Vice President Use attachments if necess	rance: registered agent and to accept service rition, I hereby accept the appointme ions of all statutes relative to the price s of my position as registered agent Corporation Service Company By: (Registered agent acity and address of the person(s) whe Name and Address: lan Arons, Vice 399 Park Avenue New York, NY 10022 Daniel Williams 399 Park Avenue New York, NY 10022 sary) of existence, no more than 90 days of which it is organized. (If the certi	ent as regist oper and co	for the above stated limite ered agent and agree to acomplete performance of my authority to manage is/are: itle or Capacity: FO/Treasurer thenticated by the official to	Emily Croft Asst. Vice Presid Name and Address: David Scrrano 399 Park Avenue New York, NY 10022

Typed or printed name of signee

Delaware

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "INTERAMERICAN MOTOR, 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 TENTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INTERAMERICAN MOTOR, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF JANUARY, A.D. 2018.

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

Authentication: 202486150

Date: 04-10-18

6721628 8300

SR# 20182576587