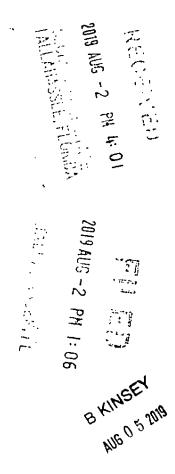
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(Re	questor's Name)					
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PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
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800332757128



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 120000000195

REFERENCE : 3655157 7375636

AUTHORIZATION : FULL OF STANDARD STA

EXAMINER:

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

______ CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

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. SSF Imported Auto P	arts LLC	l Liability	Company," "L.L.C.," or "LLC.")		•••	_
(indine of Foreign	2 2.2.2		,			
If name unavailable, enter alternate ra	ame adopted for the purpose of transacting business in Flori	ida The alt	rnate name must include "Limited Liabili	ity Company," "L	.L.C," or "!	LLC.")
CA		3	46-1563003			
(Jurisdiction under the law of which foreign limited liability company is organized)		٥.	(FEI munber, if applicable)			
1						
·	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determin	egistration ie penalty l	ability)			
466 Forbes Blvd.			466 Forbes Blvd.			
(Street Address of F	(Street Address of Principal Office)		(Mailing Addres	s)	•	<u>—</u>
South San Francisco, CA 94080 So		South San Francisco, CA	94080			
			<u> </u>			_
					~	
		•		 5 -	1610	
7. Name and street addres	s of Florida registered agent: (P.O. Box	<u>NOT</u> a	cceptable)		50	i ∰
	Commention Comment			;	-2	1 TF 46.7
Name:	Corporation Service Company				PH	j []
	1201 Hays Street			[F	1:0:	تسعيا
Office Address:				1 .	90	
	Tallahassee		32301 , Florida(Zip code)			
	(City)		(Zip code)	·		
	gistered agent and to accept service of p					
tesignated in this applica to comply with the provisi	tion, I hereby accept the appointment as ions of all statutes relative to the proper	s registe and cor	rea agent and agree to act ii aplete performance of my di	n this capac uties, and I	ity. I Ju am fami	rıner agre iliar with
	s of my position as registered agent.		Lydia Cohen			
	Corporation Service Company By:		Asst. Vice President			

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Title or Capacity: Name and Address: Name and Address: Name: Stephen Hsu Thomas Beer Manager Name: Manager 466 Forbes Blvd. 466 Forbes Blvd. Address: ■ Member Member South San Francisco, CA 94080 South San Francisco, CA 94080 Authorized Authorized Person Person Other_CEO Other_CFO Other____ Other____ Manager Name: _____ Manager Manager Name: _____ Member Address: _____ Address: ____ Authorized Authorized Person Person Other_____ Other____ Other Other_ Manager Manager Manager Name: _____ Name: __ Member Member Authorized Authorized Person Person Other____ Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more that 60 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 of an authorized person

Typed or printed name of signed

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: SSF IMPORTED AUTO PARTS LLC

FILE NUMBER: FORMATION DATE:

201224910001 09/04/2012

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 31, 2019.

ALEX PADILLA Secretary of State