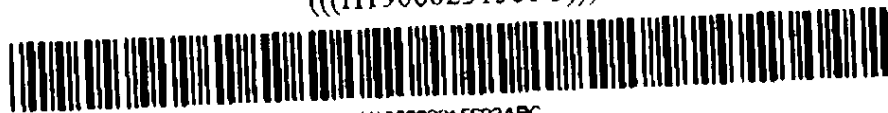


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Florida Department of State
Division of Corporations
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Fax Number : (850) 617-6383

From: Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813) 229-7600
Fax Number : (813) 229-1660

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: bswindle@shumaker.com

Foreign Limited Liability Company
Drive Nimble, LLC

Certificate of Status	0
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AUG 05 2019

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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. Drive Nimble, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLP")

(If name is available, please choose more closely for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP")

2. Delaware

(Jurisdiction under the laws of which foreign limited liability company is organized)

3. _____

(FIC number, if applicable)

4. Upon Filing

(Date first transacted business in Florida, if prior to registration; (See section 605.0902 & 605.0903, F.S. for requirements regarding liability))

5. 6001 34th Street North

(Street address of Principal Office)

St. Petersburg, FL 33714

6. 6001 34th Street North

(Mailing Address)

St. Petersburg, FL 33714

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

Name: James K. Myers

Office Address: 6001 34th Street North

St. Petersburg, Florida 33714

(City)

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above named 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.

James K. Myers
(Registered agent signature)

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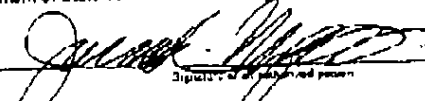
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name: <u>Crown Automotive Management, Inc.</u>	☐ Manager	Name: _____
☐ Member	Address: <u>5001 34th Street North</u>	☐ Member	Address: _____
☐ Authorized	<u>St Petersburg, FL 33714</u>	☐ Authorized	_____
Person _____		Person _____	
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
 ☐ Manager	Name: _____	 ☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person _____		Person _____	
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
 ☐ Manager	Name: _____	 ☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person _____		Person _____	
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be indexed for reporting purposes only. Non-indexed 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 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 of authorized person
 James R. Myers

 Title or printed name of officer

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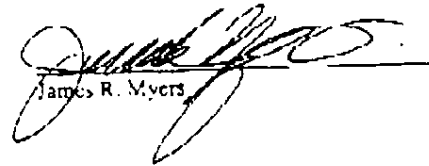
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DRIVE NIMBLE, LLC

CONSENT AND ACCEPTANCE OF SERVICE AS REGISTERED AGENT

The undersigned, having been appointed as registered agent to accept service of process for the above-named limited liability company, at the registered office designated in the Application by Foreign Limited Liability Company for Authorization to transact Business in Florida, hereby agrees and consents to act in that capacity. The undersigned is familiar with and accepts the duties and obligations of the position of registered agent under the laws of the State of Florida.

Dated this 1st of August, 2019.


James R. Myers

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Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "DRIVE NIMBLE, 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 SECOND DAY OF AUGUST, A.D. 2019.

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



7472336 8300

SR# 20196309367

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

A handwritten signature in black ink, appearing to read "JBULLOCK", written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203339096

Date: 08-02 19

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TOTAL P.05