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(shown below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HENSON & EFRON, P.A.

Account Number : I2020000078
Phone : (612)252-2845
Fax Number : (612)339-6364

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

Email Address: AKaufman@foxrothschild.com

## Foreign Limited Liability Company Classic Collision Coral Gables, LLC

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	ion of Corporations		
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SUBJECT: _	Classic Collision Coral Gables, LLC	61. 3. 11.1.17. C	
		e of Limited Liability Company	
The enclosed " Existence, and	Application by Foreign Limited Liability C check are submitted to register the above r	Company for Authorization to Transact Business in Florida," Ce referenced foreign limited liability company to transact business	ertifi s in f
Please retum a	II correspondence concerning this matter to	o the following:	sin WA 16 PR
	Janny Vue		<u> </u>
		Name of Person	-9
	Marian & Efron D A		7
	Henson & Efron, P.A.		
		Firm/Company .	•
	220 South Sixth Street, Suite 1800		
		Address	
	Minneapolis, MN 55402		
	C	City/State and Zip Code	
	AKaufman@foxrothschild.com		
	E-mail address: (to be	e used for future annual report notification)	
For further inf	formation concerning this matter, please cal	II:	
Roch	nelle L. Hauser	612 252-2848	
	Name of Contact Person	at () Area Code Daytime Telephone Number	
Maili	ing Address:	Street Address:	
Registration Section		Registration Section	
T 14.	ision of Corporations	Division of Corporations	
	. Box 6327	The Centre of Tallahassee	
Divi	. Box 6327	2415 N. Monroe Street, Suite 810	

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Fax Audit No.: H20000181576 3

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS- IN FLORIDA  IN COMPLIANCE WITH SECTION (03.0002, PLORIDA STATUTES THE FOLLOWING & SUBMITTED TO REGISTER A POREIGN-LIABITED HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA.  Classic Collision Coral Gables, LLC  (Name of Ferrips Limited Liability Company, must include "Limited Liability Company," "LLC." or "LLC.")  (Name of Ferrips Limited Liability Company, must include "Limited Liability Company," "LLC." or "LLC.")  (Name of Ferrips Limited Liability Company, must include "Limited Liability Company," "LLC." or "LLC.")  (Name of Ferrips Limited Liability Company, must include "Limited Liability Company," "LLC." or "LLC.")  (Name of Ferrips Limited Liability Company, must include "Limited Liability Company," "LLC." or "LLC.")  (Name of Ferrips Limited Liability Company, must include "Limited Liability Company," "LLC." or "LLC.")  (Name of Ferrips Limited Liability Company, must include "Limited Liability Company," "LLC." or "LLC.")  (Name of Ferrips Limited Liability Company, must include "Limited Liability Company," "LLC." or "LLC.")  (Name of Ferrips Limited Liability Company, must include "Limited Liability Company," "LLC." or "LLC.")  (Name of Ferrips Limited Liability Company, must include "Limited Liability Company," "LLC." or "LLC.")  (Name of Ferrips Limited Liability Company, must include "Limited Liability Company," "LLC." or "LLC.")  (Name of Ferrips Limited Liability Company at the place (City)  (Name of Ferrips Limited Liability Company at the place (City)  (Name of Ferrips Limited Liability Company at the place (City)  (Name of Ferrips Limited Liability Company at the place (City)  (Name of Ferrips Limited Liability Company at the place (City)  (Name of Ferrips Limited Liability Company at the place (City)  (Name of Ferrips Limited Liability Company at the place (City)  (Name of Ferrips Limited Liability Company at the place (City)  (Name of Ferrips Limited Liability Company at the place (City)  (Na				70.
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		Reclucted sector's ner		<del></del>

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Fax Audit No.: H20000181576 3

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:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name:	□Manager	Name: Rochelle L. Hauser
	Address: 7475 Roswell Road	□Member	Address: 220 South Sixth Street
□Authorized	Sendy Springs, GA 30328	Authorized	S 5 13
Person		Person	Minneapolis, MN,55402
≅Other	Other	□ Other	Ooiner
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
☐ Authorized		□Authorized	
Person		Person	
Other	Other	□ Other	Other
□ Manager	Name:	□Manager	Name:
□Member	Address:	□ <b>Me</b> mber	Address:
□Authorized		☐ Authori <b>2e</b> d	
Person		Person	
□Other	□ Other	Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged 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 an authorized person

Rochelle L. Hauser, Authorized Person

Timed or printed name of signee

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "CLASSIC COLLISION CORAL GABLES, 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 ELEVENTH DAY OF JUNE, A.D. 2020.

Jettray W. Outlack, Secretary of State

Authentication: 203094292

Date: 06-11-20