

1/29/2021

Division of Corporations

MA1000040063

Florida Department of State
Division of Corporations
Clearinghouse

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Doing so will generate another cover sheet.

To:

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

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

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2021 JAN 29 PM 4:48
CLERK OF STATE
TALLAHASSEE, FL

****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
HAGERTY GARAGE AND SOCIAL SERVICES, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

DocuSign Envelope ID: 6C43FF98-6236-4D3E-B876-7A33F9E441C1

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hagerty Garage and Social Services, LLC

Name of Limited Liability Company

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.

Please return all correspondence concerning this matter to the following.

Jessica Wheaton

Name of Person

Hagerty

Firm/Company

121 Drivers Edge

Address

Traverse City, MI 49684

City/State and Zip Code

jwheaton@hagerty.com

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call.

Jessica Wheaton

231

929-6028

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount.

Please make check payable to: FLORIDA DEPARTMENT OF STATE

☐ \$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

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Hagerty Garage and Social Services, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware

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

3.

(Frat number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine privity liability)

121 Drivers Edge

5. (Street Address of Principal Office)

Traverse City, MI 49684

121 Drivers Edge

6. (Mailing Address)

Traverse City, MI 49684

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SECRETARY OF STATE
TALLAHASSEE, FL7. Name and street address of Florida registered agent. (P.O. Box NOT acceptable)

Name.

Corporation Service Company

Office Address.

1201 Hays Street

Tallahassee

Florida

32301

(City)

(Zip code)

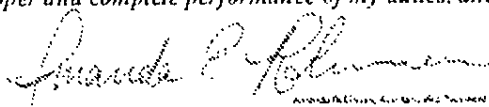
Registered agent's acceptance:

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

Corporation Service Company

By

(Registered agent's 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>
<input checked="" type="checkbox"/> Manager	Name: <u>Frederick Turcotte</u>	<input type="checkbox"/> Manager	Name: <u>Barbara Matthews</u>
<input type="checkbox"/> Member	Address: <u>121 Drivers Edge</u>	<input type="checkbox"/> Member	Address: <u>121 Drivers Edge</u>
<input type="checkbox"/> Authorized	<u>Traverse City, MI 49684</u>	<input checked="" type="checkbox"/> Authorized	<u>Traverse City, MI 49684</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Jessica Sullivan</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Soon Hagerty</u>
<input type="checkbox"/> Member	Address: <u>121 Drivers Edge</u>	<input type="checkbox"/> Member	Address: <u>121 Drivers Edge</u>
<input type="checkbox"/> Authorized	<u>Traverse City, MI 49684</u>	<input type="checkbox"/> Authorized	<u>Traverse City, MI 49684</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>John Belniak</u>	<input checked="" type="checkbox"/> Manager	Name: <u>James Machinist</u>
<input type="checkbox"/> Member	Address: <u>121 Drivers Edge</u>	<input type="checkbox"/> Member	Address: <u>121 Drivers Edge</u>
<input type="checkbox"/> Authorized	<u>Traverse City, MI 49684</u>	<input type="checkbox"/> Authorized	<u>Traverse City, MI 49684</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

DocuSigned by:
Barbara Matthews
 DD809FF9011457...
 Signature of an authorized person.
Barbara Matthews
 Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HAGERTY GARAGE AND SOCIAL 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 TWENTY-EIGHTH DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HAGERTY GARAGE AND SOCIAL SERVICES, LLC" WAS FORMED ON THE FIFTEENTH DAY JANUARY, A.D. 2021.

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

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SECRETARY OF STATE
DELAWARE, FL



4754910 8300

SR# 20210257166

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Jeffrey W. Bullock, Secretary of State

Authentication: 202392846

Date: 01-28-21