

M21000013491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

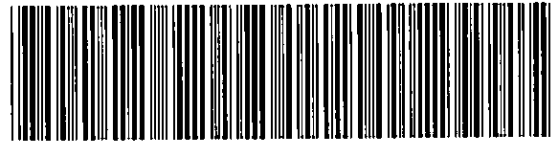
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

W21-133806

Office Use Only



900373132459

10/07/21--01008--001 **180.00

APPROVED
AND
FILED
2021 OCT 12 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 14 2021

K. Brumley



Mr. Stephan Cliche
Tel: 1 418 780-4321
Fax: 1 418 353-1791
scliche@dsavocats.ca

Quebec City, October 5, 2021

ATTENTION DE IRENE ALBRITTON, REGULATORY SPECIALIST

Subject: H Greg Auto Pompano (entity converted from a corporation to a LLC in Delaware)

Hello,

Following our telephone conversation on that matter, please find enclosed the following:

- Application by Foreign Corporation for Withdrawal of Authority (Fee covered by the last draft we have sent you)
- Application by Foreign Limited Liability Company for Authorization, and required attached documents (with bank draft enclosed to cover the fees)

Please proceed with the withdrawal as discussed, and forward the application for authorization to the appropriate department. We would appreciate if the authorization could be processed as soon as possible, in order to avoid a long gap between the withdrawal and the new authorization.

Thank you very much for your attention.

DS LAWYERS CANADA LLP

Stephan Cliche, LL.L.

QUEBEC
MONTREAL
TORONTO
VANCOUVER
PARIS
LYON
BORDEAUX
LILLE
REUNION
BRUSSELS
BARCELONA
MADRID
MILAN
BUENOS AIRES
BEIJING
SHANGHAI
GUANGZHOU
HO CHI MINH CITY
HANOI
SINGAPORE
STUTTGART
TUNIS
ALGIERS
DAKAR

DS LAWYERS CANADA LLP

580 Grande-Allée est. #400
Quebec (QC) G1R 2K2 Canada

1080 Beaver Hall Hill, # 2100
Montreal (QC) H2Z 1S8 Canada

8 King St E. # 1804
Toronto (ON) M5C 1B5 Canada

543 Grandville, # 800
Vancouver (BC) V6C 1X8
Canada

150 Metcalfe St # 1401
Ottawa (ON) K2P 1P1 Canada

Tel: 1 418 780-4321
Fax: 1 418 353-1791

Tel: 1 514 369-4321
Fax: 1 514 284-3235

Tel: 1 647 477-7317
Fax: 1 416 214-1374

Tel: 1 604 669-8858
Fax: 1 604 669-8857

Tel: 1 613 319-9997
Fax: 1 613 903-6002

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

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. State of Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. (FEI number, if applicable)

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

5. 17305 South Dixie Highway
(Street Address of Principal Office)
Palmetto Bay, FL 33157 USA

6. 17305 South Dixie Highway
(Mailing Address)
Palmetto Bay, FL 33157 USA

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

Name: Jared L. Gamberg
Office Address: 4651 Sheridan Street, Suite 200
Hollywood, Florida 33021
(City) (Zip code)

APPROVED AND FILED
2021 OCT 12 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

(Registered agent's signature)

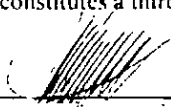
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>H Greg Holdings USA, Inc.</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>17305 South Dixie Highway</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized Person	<u>Palmetto Bay, FL 33157 USA</u>	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized 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.



 Signature of an authorized person

Krikor Hairabedian

 Typed 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 "H GREG AUTO POMPANO, 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 TWELFTH DAY OF OCTOBER, A.D. 2021.

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



6353574 8300

SR# 20213488157

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

A 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.

Jeffrey W. Bullock, Secretary of State

Authentication: 204387221

Date: 10-12-21