

M21000013491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

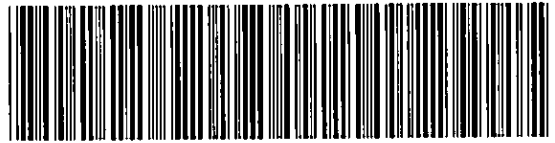
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APPROVED  
AND  
FILED  
2021 OCT 12 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 14 2021

K. Brumbley



Mr. Stephan Cliche  
Tel: 1 418 780-4321  
Fax: 1 418 353-1791  
[scliche@dsavocats.ca](mailto: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)**

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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.**

DS LAWYERS CANADA LLP

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

Tel: 1 418 780-4321  
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1080 Beaver Hall Hill, # 2100  
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Fax: 1 416 214-1374

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

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

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

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

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** II GREG AUTO POMPANO, 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:

Stephan Cliche  
Name of Person

DS Avocats LLP  
Firm/Company

580, Grande-Allee Est, Suite 400  
Address

Quebec, QC G1R 2K2 Canada  
City/State and Zip Code

scliche@dsavocats.ca  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephan Cliche at ( 418 ) 998-0874  
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

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)

6. 17305 South Dixie Highway  
(Mailing Address)

Palmetto Bay, FL 33157 USA

Palmetto Bay, FL 33157 USA

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

Name: Jared L. Gamberg

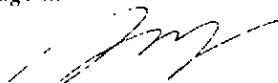
Office Address: 4651 Sheridan Street, Suite 200

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)

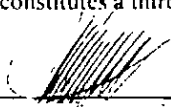
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

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

  
\_\_\_\_\_  
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](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, 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