## M2200000 2520

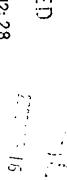
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only

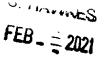


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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 489440 7842511

AUTHORIZATION :

COST LIMIT : \$ (1/2)5.00

ORDER DATE: February 16, 2022

ORDER TIME : 10:35 AM

ORDER NO. : 489440-010

CUSTOMER NO: 7842511

## FOREIGN FILINGS

\_\_\_\_\_\_\_

NAME: SOLERA AUTO FINANCE OF

FLORIDA, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

## COVER LETTER

TO:

TO:	Registration Section Division of Corporations							
SHRI	Solera Auto Finance of Flo	rida, LLC						
Name of Limited Liability Company								
		ited Liability Company for Authorization to Transact Business in Florida," Certificate of ter the above referenced foreign limited liability company to transact business in Florida.						
Please	e return all correspondence concerning	g this matter to the following:						
	Maura Toler							
		Name of Person						
	Solera Auto Finance of Florida, LLC							
		Firm/Company						
	1500 Solana Blvd., Blo	ig 6, Ste 6300						
	Address							
	Westlake, TX 76262							
	City/State and Zip Code							
	salestax@solera.com U							
	E-mail a	address: (to be used for future annual report notification)						
For fu	rther information concerning this mat	ter, please call:						
Maura Toler		817 961-2082 at ()						
	Name of Contact	Person Area Code Daytime Telephone Number						
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec. FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
	•	, and the second se						

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	orida. The alte	mate name must include "Limited Liabi	lity Company," "L	. L.C." or	"LLC.")
Delaware 2.		3.	88-0689753			
(Jurisdiction under the law of v	which foreign limited liability company is organized)	(FEI number, if applicable)				
i						
	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605 0905, F.S. to determine	egistration.) ne penalty liab	dity)			
1500 Solana Blvd.,	<del>-</del> '	1500 Solana Blvd., Bldg 6, Ste 6300 6.				
Street Address of Principal Office)			(Mailing Address)			_
Westlake, TX 76262	!	W	Westlake, TX 76262			
<u> </u>	· · · · · · · · · · · · · · · · · · ·				F+\-	_
		_		-	-	
						٠.
. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acc	eptable)		5.	
. Name and <u>street addre</u> Name:	ss of Florida registered agent: (P.O. Box  Corporation Service Company	NOT acc	eptable)	٠. د ده	16 Pi 12	3 = 7
		NOT acc	eptable) 	ं श्रीसाट	16 Pi 12: 44	
Name:	Corporation Service Company	NOT acc	<del></del>  32301	: STATE	16 Pil 12: 44	3 1 1
Name:	Corporation Service Company 1201 Hays Street	NOT acc		STATE	16 PH12: 44	3 4 .

(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 Jun to six (6) totall:

Title or Capacity:	Name and Address:	<b>Title or Capacity:</b>	
<b>■</b> Manager	Name: Alberto Cairo	■Manager	Name:
□Member	Address:1500 Solana Blvd., Bldg 6, S	□Member	Address: 1500 Solana Blvd., Bldg 6, 5
□Authorized	Westlake, TX 76262	□Authorized	Westlake, TX 76262
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
indexed individuals  9. Attached is a cert	Other	te attachment will be ima rida Department of State	aged for reporting purposes only. Not Annual Report form. official having custody of records in

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.

Tony Graham

Signature of an authorized person

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "SOLERA AUTO FINANCE OF FLORIDA, 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 SIXTEENTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOLERA AUTO FINANCE OF FLORIDA, LLC" WAS FORMED ON THE ELEVENTH DAY OF FEBRUARY, A.D. 2022.

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

Authentication: 202676129

Date: 02-16-22