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PICK-UP	WAIT MAIL
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Special Instructions t	o Filing Officer:
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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500
ACCOUNT NO. : I2000000195
REFERENCE : 531494 8249629
AUTHORIZATION: Spelle was
COST LIMIT : \$ 125.00
ORDER DATE: March 7, 2022
ORDER TIME : 8:56 AM
ORDER NO. : 531494-020
CUSTOMER NO: 8249629
FOREIGN FILINGS
NAME: TRI-CITY AUTO SALVAGE, LLC
XXXX QUALIFICATION (TYPE: <u>LL</u>)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

CORPORATION SERVICE COMPANY

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

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

name uravanapie, emer anemate i	name adopted for the purpose of transacting business in Flor	rida. The alterna	te name must include "Limited Li	ability Company," "L.L.C," or	r"LLC
North Carolina 2.		56-1848484 3.			
(Jurisdiction under the law of which foreign limited liability company is organized)		<u> </u>	(FEI number, if applicable)		
01/01/2					
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F,S) to determin	gistration.) e penalty habilit	Σ)		
860 Airport Freeway		860	Airport Freeway		
eet Address of Principal Office)		o	(Mailing Address)		
Suite 701		Suit	e 701		
Hurst, TX 76054		Hurst, TX 76054			_
Name and street addres	ss of Florida registered agent: (P.O. Box	<u>NOT</u> accep	otable)	20	
Name:	Corporation Service Company			2022 MAR -	
Office Address:	1201 Hays Street		-	8 PH	UED.
	Tallahassee		32301		

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: Weiterd assistent va president
(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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Christopher C. Peracchi Fenix Parts LLC □Manager ■ Manager Address: ____ 860 Airport Freeway □ Member Suite 701 Suite 701 ☐ Authorized □ Authorized Hurst, TX 76054 Hurst, TX 76054 Person Person CFO ■Other_ Other___ Other___ □Other Name: □Manager □Manager Name: _____ Address: _____ □Member Address: ☐Member ☐ Authorized □Authorized Person Person □Other____ □Other □Other □Manager □Manager □ Member Address: □Member Address: ______ ___ ☐ Authorized ☐ Authorized Person Person □Other □Other_____ □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Chrisah C. Peraul. Signature of an authorized person Christopher C. Peracchi

Typed or printed name of signee



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

TRI-CITY AUTO SALVAGE LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 31st day of December, 2021

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.





Scan to verify online.

of Raleigh, this 7th day of March, 2022.

Claime J. Marshall

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City

Secretary of State

Certification# 112399351-1 Reference# 18236789- Page; 1 of 1 Verify this certificate online at https://www.sosne.gov/verification