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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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(Do	cument Number)	
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S. FRANKLIN
JUL 1 4 2022

COVER LETTER

TO:

Registration Section **Division of Corporations**

SUBJECT:	Fhompson Automotive Clinic Ll	_C		
500mmer		Name of Limited Liability Company	_	
		Liability Company for Authorization to Transact Business in Florida the above referenced foreign limited liability company to transact bus		
Please return a	all correspondence concerning th	is matter to the following:		
	O. Pete Amerson III, CPA			
		Name of Person	-	
	Davis, Bell & Amerson LLC			
		Firm/Company	_	
	908 East Nashville Ave			
		Address	_	
	Atmore, AL 36502		2022 Jul 27	
		City/State and Zip Code	ر _ (**	
	dbacpa@davisbellamerson.co	m	. 21	•
	E-mail add	ress: (to be used for future annual report notification)	- 	
For further int	ormation concerning this matter	, please call:	1 2: 2	
Mari ——	beth West	251 368-3173 at ()		
	Name of Contact Pe	rson Area Code Daytime Telephone Number	_	
<u>M</u> ail	ing Address:	Street Address:		
	istration Section	Registration Section		
	sion of Corporations	Division of Corporations		
	P.O. Box 6327 The Centre of Tallahassee			
Tall	ahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Pleas	25.00 Filing Fee	amount: RIDA DEPARTMENT OF STATE Divide Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee Gertificate of Status Certified Copy of Status & Certificate Of Status & C		

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

IN COMPLIANCE WITH SECTION 605.0502, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Thompson Automotive	Clinic LLC				
(Name of Foreign	Limited Liability Company; must include "Limited	I Liability Com	pany," "L.L.C.," or "LLC.")		
(If name unavailable, enter alternate)	name adopted for the purpose of transacting business in FI	orida. The alternat	e name must include "Limited Liability (Company," "L.L.C," or "LLC.")	
Alabama 2			1245877		
(Jurisdiction under the law of which toreign limited liability company is organized)		J	3. (Ft:1 number, it applicable)		
May 1, 2022 4.					
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	registration,) ne penalty liability	0		
351 Tom Shivers Roac 5. Street Address of Principal Office)			Box 895 (Mailing Address)	202	
Street Address of Principal Office)			(Mailing Address)	7	
Flomaton, AL 36441		Flomaton, AL 36441		2002 1111 27	
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT accep	table)	P); 2: 25	
Name:	Pete Amerson III		_		
Office Address:	5991 N. Pine Barren Rd		_		
	Century		32535 Florida		
	(Cuy)		(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.

(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	<u>::</u>	Name and Address:
■Manager	Name: Charles R. Thompson II	□Manager	Name:	<u>.</u>
■Member	Address: 351 Tom Shivers Road.	□Member	Address:	
□Authorized	Flomaton, AL 36441	□Authorized		
Person		Person		
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		7017
Other	Other	□Other		Other 2
⊡Manager	Name:	□Manager	Name:	7 911 2:
□ Member	Address:	□Member		 ယ္
□Authorized		□Authorized		
Person		Person		
Other	Other	□Other		□Other

<u>Important Notice:</u> 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

Charles R. Thompson II

Lyped or printed name of signee

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Thompson Automotive Clinic, LLC was formed in Escambia County, Alabama on September 14, 2020. The Alabama Entity Identification number for this entity is 000-647924. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20220615000009420

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

06/15/2022

Date

X.W. Menill

John H. Merrill

Secretary of State