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To:

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Fax Number : (850)617-6383

From:

Account Name : COMITER & SINGER, LLP

Account Number : I2000000085 : (561)626-4742

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Foreign Limited Liability Company IVOR AUTO, LLC

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Help

S. ROBERTS

COVER LETTER

TO:	Registration Section Division of Corporations					
CHDAR	IVOR AUTO, LLC					
SUBJE	Name Name	Name of Limited Liability Company				
The enc Existence	losed "Application by Foreign Limited Liability C ee, and check are submitted to register the above r	Company for Authorizati eferenced foreign limite	ion to Transact Business in Florida," Certificate of d liability company to transact business in Florida.			
Please r	eturn all correspondence concerning this matter to	the following:				
	Andrew R. Comiter, Esq.					
		Name of Person				
	Comiter, Singer, Baseman & Braun, Ll	LP				
		Firm/Company				
	3825 PGA Blvd., Suite 701					
		Address				
	Palm Beach Gardens, FL 33410					
	C	ity/State and Zip Code				
	corporate@comitersinger.com					
	E-mail address: (to be	used for future annual	report notification)			
For fur	ther information concerning this matter, please ca	11:				
	Andrew R. Comiter, Esq.	56) at (626-2101			
	Name of Contact Person	Area Code	Daytime Telephone Number			
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee				
	Tallahassec, Fl. 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE \$125.00 Filing Fee \$130.00 Filing Fee Certificate	e & 🗏 \$155.00 Fil	TE ing Fee & S160.00 Filing Fee, Certificate ed Copy of Status & Certified Copy			

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

IN COMPLIANCE WITH SECTION 605 (902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign I	imited Liability Company; must include "Limited Lia	bilitý Co	mpany," "L L C.," or "LLC ")			
	time adopted for the purpose of mansacting business in Florida	The alter	name must include "Limited Liabili	ty Company," "1. L C	`," or "LLC	:."}
finame unavailable, enter alternate n	ime adopted for the purpose of maneacting pusitiess to Provide					
Delaware			3-4123315 (FE: number, i	F		
(Jurisdiction under the law of wh	ich foreign limited liability company is organized)		(FE: aumoct, I	3 Abbrevore)		
ı						
	(Date first transacted business in Florida, if prior to regus (See sections 505 0904 & 603 0905, F.S. to determine po	naity liab	ılııy)			
5 Middle Road		-	Middle Road			
Street Address of Principal Office)		6	(Mailing Address)			
Palm Beach, FL 33480		Pa	ılm Beach, FL 33480			
		_		ر را کیدر	2822	
		_				-
				<u> </u>	F	2**
7. Name and street address	s of Florida registered agent: (P.O. Box N	<u>O'l'</u> acc	ceptable)		Q,	
				;) .	7	
N	Comiter, Singer, Baseman & Braun, LLP			•	Ö	•
Name:					AH 10: 112	
Office Address:	3825 PGA Blvd., Suite 701		<u></u>	ι	10	
011140 114314001	Palm Beach Gardens		33410			
	I am Descri Omeria		, 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 pegistered agent

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]:

litle or Capacity:	Name and Address:	Title or Capacity:	
■ Manager	Name: Thomas A. Saunders III	■ Manager	Name: Mary Jordan Saunders
_ ⊡Member	Address: 5 Middle Road	□Member	Address:
∐∧uthorized	Palm Beach, FL 33480	☐ Authorized	Palm Beach, FL 33480
Person		Person	
□Other		□Other	Other
	Name:	≅ Manager	Thomas A. Saunders IV
Manager	Address: 5 Middle Road	□Member	Address: 5 Middle Road
□Member	Palm Beach, FL 33480		Palm Beach, FL 33480
Authorized	1 dilli ficacii, i 2 35400	□Authorized	
Person		Person	
Other	Other	□Other	□Other
□Manager	Name:	□Manager	Name:
⊔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. 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

Andrew R. Comiter, Authorized person

Typed or printed name of signed

STATE OF DELAWARE CERTIFICATE OF REVIVAL OF A DELAWARE LIMITED LIABILITY COMPANY PURSUANT TO TITLE 6, SEC. 18-1109

1. 1	Name of the Limited Liability Company IVOR AUTO, LLC
-	
2.	Date of the original filing with the Delaware Secretary of State: 6/15/2000
3.	The name and address of the Registered Agent is
	CORPORATION SERVICE COMPANY
	251 LITTLE FALLS DRIVE
	WILMINGTON, DE 19808
4	(Insert any other matters the members determine to include herein).
4.	(msert any outer matters are memoers setting)
	Cl. 12
5.	This Certificate of Revival is being filed by one or more persons authorized to
	Execute and file the Certificate of Revival.
ı witr	ness whereof, the above name Limited Liability Company does hereby certify that
ne Lir	nited Liability Company is paying all annual Taxes, penalties and interest due to
	ate of Delaware.
	BY: Erin (Saville
	Authorized Person
	Name: Erin Saville, Special Manager
elan ere	(444.4)

State of Delaware
Secretary of State
Division of Corporations
Delivered 02:28 PM 07/14/2022
FILED 02:28 PM 07/14/2022
SR 20222991245 - FUe Number 3245470

Print or Type

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "IVOR AUTO, 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 FIFTEENTH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IVOR AUTO, LLC" WAS FORMED ON THE FIFTEENTH DAY OF JUNE, A.D. 2000.

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

Authentication: 203927139

Date: 07-15-22