

ma2000012544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

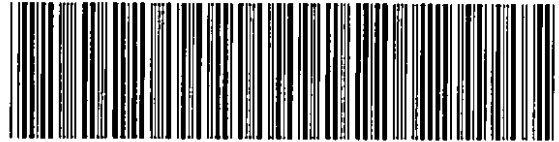
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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T. LEMIEUX

AUG 11 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 876395 8146825

AUTHORIZATION :

COST LIMIT : \$125.00

ORDER DATE : August 10, 2022

ORDER TIME : 2:04 PM

ORDER NO. : 876395-010

CUSTOMER NO: 8146825

FOREIGN FILINGS

NAME: GENUINE REPLACEMENT PARTS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
X PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Genuine Replacement Parts, 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:

Lori A. Sherwood

Name of Person

Parts Town, LLC

Firm/Company

1200 Greenbriar Drive

Address

Addison, IL 60101

City/State and Zip Code

lsherwood@partstown.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori A. Sherwood

630

889-0172

at ()

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. Genuine Replacement Parts, 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. 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. <u>c/o Parts Town, LLC</u> (Street Address of Principal Office)	6. <u>c/o Parts Town, LLC</u> (Mailing Address)
<u>1200 Greenbriar Drive</u>	<u>1200 Greenbriar Drive</u>
<u>Addison, IL 60101</u>	<u>Addison, IL 60101</u>

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee 32301
_____, Florida _____
(City) (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.

Corporation Service Company

By: Eylima Bahar
Assistant Vice President
(Registered agent's signature)

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2022 AUG 10 AM 11:16
CLERK OF DISTRICT COURT
STATE OF FLORIDA

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:**

☐ Manager Name: PT Corporate Holdings Inc.

☒ Member Address: c/o Parts Town, LLC

☐ Authorized 1200 Greenbriar Drive

Person Addison, IL 60101

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: Robert Coolidge

☐ Member Address: c/o Parts Town, LLC

☐ Authorized 1200 Greenbriar Drive

Person Addison, IL 60101

☒ Other Officer ☒ Other CEO

☐ Manager Name: Lanier Bivings

☐ Member Address: c/o Parts Town, LLC

☐ Authorized 1200 Greenbriar Drive

Person Addison, IL 60101

☒ Other Officer ☒ Other CFO

☐ Manager Name: David Wenger

☐ Member Address: c/o Parts Town, LLC

☐ Authorized 1200 Greenbriar Drive

Person Addison, IL 60101

☒ Other Officer ☒ Other Vice President

☐ Manager Name: Lori A. Sherwood

☐ Member Address: c/o Parts Town, LLC

☐ Authorized 1200 Greenbriar Drive

Person Addison, IL 60101

☒ Other Officer ☒ Other Vice President

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ 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.

Lori A. Sherwood

Signature of an authorized person

Lori A. Sherwood, Vice President

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 "GENUINE REPLACEMENT PARTS, 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 TENTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GENUINE REPLACEMENT PARTS, LLC" WAS FORMED ON THE FIRST DAY OF AUGUST, A.D. 2022.

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




Jeffrey W. Bullock, Secretary of State

6945134 8300

SR# 20223228084

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204131094

Date: 08-10-22