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CEP 21 2022 , Enumbl⇔y CORPORATION SERVICE COMPANY

1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 959038 8348373

AUTHORIZATION : COST LIMIT : \$725.00

ORDER DATE : September 15, 2022

ORDER TIME : 10:37 AM

ORDER NO. : 959038-015

CUSTOMER NO: 8348373

FOREIGN FILINGS

NAME: NXCR DEALER SERVICES, LLC

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	NXCR Dealer Services, LLC	
		f Limited Liability Company
		mpany for Authorization to Transact Business in Florida," Certificate of erenced foreign limited liability company to transact business in Florida
Please	return all correspondence concerning this matter to the	he following:
	James Nguyen	
		Name of Person
	NXCR Dealer Services, LLC	
		Firm/Company
	225 Santa Monica Blvd., 12th Floor	
		Address
	Santa Monica, CA 90401	
	City	/State and Zip Code
	licensing@nxcr.com	
	E-mail address: (to be us	sed for future annual report notification)
For fur	ther information concerning this matter, please call:	
	James Nguyen	800 238-3784 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations		Street Address:
		Registration Section
		Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, 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 DEPAF ■ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of S	\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate

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:

		Origa, inc	alternate name must include "Limited Liabs	my company, sacc, or
Delaware		3.	87-0918818	
(Jurisdiction under the law of which foreign limited liability company is organized)		-	(FEI number, if applicable)	
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	registratio	n,)	
225 Santa Monica Blvd.		не рена пу 6.	225 Santa Monica Blvd.	
reet Address of Principal Office)		U.	(Mailing Address)	
12th Floor			12th Floor	
Santa Monica, CA 90	0401		Santa Monica, CA 90401	2
Name and street addres	s of Florida registered agent: (P.O. Box	<u>NOT</u>	acceptable)	22 SEP EURELI VILLAHI
Name:	Corporation Service Company			I SAM
Office Address:	1201 Hays Street			4 (22.7) 4 (23.1) 5 (2.1)
	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: Weight assistent ver president

(Registered agent's signature)

James Nguyen

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: James Nguyen NextCar Holding Company, Inc. □Manager □Manager Name: 225 Santa Monica Blvd. 225 Santa Monica Blvd. ☐ Member Address: ■ Member Address: 12th Floor 12th Floor □ Authorized □ Authorized Santa Monica, CA 90401 Santa Monica, CA 90401 Person Person ■Other____CFO President **■**Other ⊒Other ____ □Other James Nguyen Name: _____ □Manager □Manager 225 Santa Monica Blvd. Address: Address: □Member □Member 12th Floor ☐ Authorized □ Authorized Santa Monica, CA 90401 Person Person Treasurer Other____ Other Other □Other_____ ШManageг Name: □Manager Name: ___ ____ □Member Address: □Member Address: □ Authorized ☐ Authorized Person Person □Other_____ □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. Signature of an authorized person

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "NXCR DEALER SERVICES, 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 SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NXCR DEALER SERVICES, LLC" WAS FORMED ON THE THIRTEENTH DAY OF MAY, A.D. 2021.

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

Authentication: 204409702

Date: 09-16-22

5918692 8300 SR# 20223541908