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#### **CT CORP**

#### 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

**Date:** 11/28/2022

	Acc#I20160000072
Name:	Florida Auto Services LLC
Document #:	
Order #:	14650655
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of	
Apostille/Notarial Certification:	Country of Destination:  Number of Certs:
Filing: 🗸	Certified:   Plain:   COGS:
Availability  Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 155.00

Thank you!

#### **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	Florida Auto Services LLC	
	<del></del>	Name of Limited Liability Company
The enc Existence	losed "Application by Foreign Limited to, and check are submitted to register to	Liability Company for Authorization to Transact Business in Florida," Certificate of the above referenced foreign limited liability company to transact business in Florida.
Please r	eturn all correspondence concerning the	is matter to the following:
	Lori Sauselein	
		Name of Person
	MWE Corporate Services	
		Firm/Company
	1007 N Orange Street, Floor	· 10
		Address
	Wilmington, DE 19801-1239	9
		City/State and Zip Code
	Lsausclein@mwe.com	
	E-mail addi	ress: (to be used for future annual report notification)
For furt	her information concerning this matter,	please call:
	Lori Sauselein	302 485-3907
	Name of Contact Per	
	Mailing Address: Registration Section	Street Address: Registration Section
	Division of Corporations	Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### 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:

33324	Our of the law of which foreign limited liability company is organized   CPEI number, if applicable	name unavailable, enter alternate i	name adopted for the purpose of transacting busines	s in Florida. The alternate n	ame must include "Limited Liability Co	ompany," "L.L.C," or "L.L.C,")
N/A    Chate first transacted business in Plorida, if prior to registration	Composition of the law of which foreign limited liability company is organized			2		
(Date first transacted business in Florida, if prior to registration) (See sections 693,0904 & 603,0903, F.S. to determine penalty liability)  100 E. Pine Street, Suite 110, Orlando, FL 32801  eti Address of Principal Office)  Same as Principal Office Address  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  C T Corporation System  Name:  1200 South Pine Island Road  Plantation  33324	(Date first transacted business in Florida, if prior to registration) (See sections 64) 9004 & 603 0003, F.S. to determine penalty liability)  100 E. Pine Street, Suite 110, Orlando, FL 32801  Same as Principal Office Address  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  C T Corporation System  Name:  1200 South Pine Island Road  Office Address:  Plantation  Plantation  Florida  (City)  Florida  (City)  gistered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated limited liability company at the place signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agreemptly with the provisions of all statutes relative to the proper and complete performance of any duries and to accept the complete performance of any duries and the second of the complete performance of any duries and the second of the complete performance of any duries and the second of the complete performance of any duries and the second of the complete performance of any duries and the second of the complete performance of any duries and the second of the complete performance of any duries and the second of the complete performance of any duries and the second of the complete performance of any duries and the second of the complete performance of any duries and the second of the complete performance of any duries and the second of the complete performance of any duries and the complete performance o	(Jurisdiction under the law of w	luch foreign limited liability company is organized	<u> </u>	(FEI number, if appl	icable)
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  CT Corporation System  Name:    1200 South Pine Island Road   Plantation   Same as Principal Office Address	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  C T Corporation System  Name:  1200 South Pine Island Road  Office Address:  Plantation  Plantation  Florida  (City)  Same as Principal Office Address  (Mailing Address)	N/A				
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  C T Corporation System  Name:  1200 South Pine Island Road  Plantation  33324	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)    C T Corporation System		(Date first transacted business in Florida, if pr (See sections 605,0904 & 605,0905, F.S. to d	rior to registration ) letermine penalty liability)		
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  C T Corporation System  Name:  1200 South Pine Island Road  Office Address:  Plantation  33324	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)    C T Corporation System   1200 South Pine Island Road   1200 South Pine Isl		ite 110, Orlando, FL 32801	Same a	as Principal Office Address	
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Rose Song, Assistant Secretary

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:
■Manager	Name: Adele Heydenrich	□Manager	Name:	
□Member	Address: 100 E. Pine Street, Suite 110	□Member	Address:	
□Authorized	Orlando, FL 32801	□Authorized		
Person		Person		
□Other	Other	□Other		Other
□Manager	Name:	□Manager	Name:	<del></del>
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		THE TOTAL PARTY OF THE PARTY OF
Person		Person	-	7 8 T
□Other	Other	□Other		Other F
				4. 33 4. 33
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized	· <del>-</del> ···	<u></u> _
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. 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.

_ Manden	· ·	
	Signature of an authorized person	
Adele Heydenrich	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 "FLORIDA AUTO 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 TWENTY-THIRD DAY OF NOVEMBER, A.D. 2022.

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





Authentication: 204927840

Date: 11-23-22