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STATE OF FLORIDA

MAR 13 2023

K. Brumley

FILE 2ND

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

ACCOUNT NO. : I20000000195

REFERENCE : 558613 8056338

AUTHORIZATION :

COST LIMIT : \$155.00

ORDER DATE : March 9, 2023

ORDER TIME : 1:17 PM

ORDER NO. : 558613-010

CUSTOMER NO: 8056338

FOREIGN FILINGS

NAME: PTAC OPERATING CENTERS LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PTAC Operating Centers, 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:

Christina McCloskey

Name of Person

The Pep Boys-Manny, Moe & Jack LLC

Firm/Company

112 Townpark Drive NW, Suite 250

Address

Kennesaw, Georgia 30144

City/State and Zip Code

christina_mccloskey@pepboys.com

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

For further information concerning this matter, please call:

Christina McCloskey

770

6595238

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. PTAC Operating Centers, 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. Virginia 20-5534326
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 748 Miller Drive SE P.O. Box 5000
(Street Address of Principal Office) (Mailing Address)
Leesburg, VA 20177 Leesburg, VA 20177

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

2023 MAR 10 PM 12:04

FILED

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: Alexis Weiland-Sorenson, ACP
(Registered agent's signature)

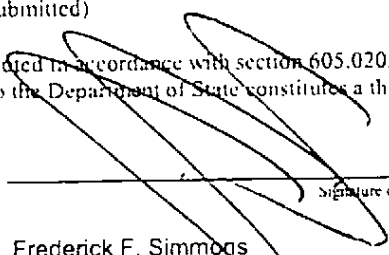
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Matthew C. Flannery</u>	<input type="checkbox"/> Manager	Name: <u>Robert Falconi</u>
<input type="checkbox"/> Member	Address: <u>748 Miller Drive SE</u>	<input type="checkbox"/> Member	Address: <u>748 Miller Drive SE</u>
<input type="checkbox"/> Authorized	<u>Leesburg, VA 20177</u>	<input type="checkbox"/> Authorized	<u>Leesburg, VA 20177</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: <u>Scott Collette</u>	 <input type="checkbox"/> Manager	Name: <u>Frederick F. Simmons</u>
<input type="checkbox"/> Member	Address: <u>748 Miller Drive SE</u>	<input type="checkbox"/> Member	Address: <u>748 Miller Drive SE</u>
<input type="checkbox"/> Authorized	<u>Leesburg, VA 20177</u>	<input type="checkbox"/> Authorized	<u>Leesburg, VA 20177</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Secretary</u>	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: <u>Michael Pomeroy</u>	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>748 Miller Drive SE</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Leesburg, VA 20177</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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
 Frederick F. Simmons

 Typed or printed name of signee

Consent of Florida Limited Liability Company

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: PTAC OPERATING CENTERS LLC
Document number L18000250691

PTAC OPERATING CENTERS LLC, a Florida limited liability company, does not plan to open up business in the state of Florida after its dissolution.

Signature of Authorized Person

Frederick Simmons

Date

5 March 2023

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That PTAC Operating Centers, LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on July 18, 2017; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

March 10, 2023

A handwritten signature in black ink, appearing to read "Bernard J. Logan".

Bernard J. Logan, Clerk of the Commission