

M23000004751

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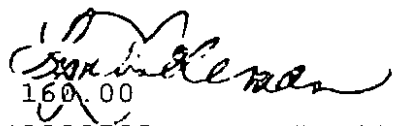
CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 502365 5169741

AUTHORIZATION :

COST LIMIT : \$ 160.00



ORDER DATE : February 15, 2023

ORDER TIME : 9:43 AM

ORDER NO. : 502365-050

CUSTOMER NO: 5169741

FOREIGN FILINGS

NAME: BRIGHTDROP VEHICLE
DISTRIBUTION LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BrightDrop Vehicle Distribution 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:

Jay Eskes

Name of Person

BrightDrop Vehicle Distribution LLC

Firm/Company

31235 Louis Chevrolet Road

Address

Warren, Michigan 48093

City/State and Zip Code

jay.eskes@gobrightdrop.com

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

For further information concerning this matter, please call:

Jay Eskes

313

549-9671

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 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. BrightDrop Vehicle Distribution 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 3. 85-3282543
(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. 31235 Louis Chevrolet Road 6. 31235 Louis Chevrolet Road
(Street Address of Principal Office) (Mailing Address)

Warren, Michigan 48093 MailCode: 480-203-000
Warren, Michigan 48093

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
(City) , Florida (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: Alexis Wiland-Sanson, ACP
(Registered agent's signature)

2023 APR 12 AM 11:25

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TALLAHASSEE, FL

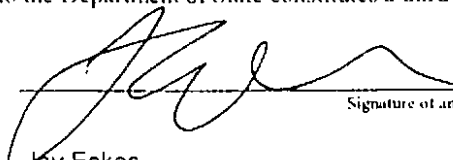
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Travis Katz</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Scott Young</u>
<input type="checkbox"/> Member	Address: <u>220 Portage Ave</u>	<input type="checkbox"/> Member	Address: <u>31235 Louis Chevrolet Road</u>
<input type="checkbox"/> Authorized	<u>Palo Alto, California 94306</u>	<input type="checkbox"/> Authorized	<u>Warren, Michigan 48093</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Jay Eskes</u>	<input type="checkbox"/> Manager	Name: <u>Joel Stark</u>
<input type="checkbox"/> Member	Address: <u>31235 Louis Chevrolet Road</u>	<input type="checkbox"/> Member	Address: <u>300 Renaissance Center</u>
<input checked="" type="checkbox"/> Authorized	<u>Warren, Michigan 48093</u>	<input checked="" type="checkbox"/> Authorized	<u>Detroit, Michigan 48243</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Anthony Armenta</u>	<input type="checkbox"/> Manager	Name: <u>Steve Hornyak</u>
<input type="checkbox"/> Member	Address: <u>220 Portage Ave</u>	<input type="checkbox"/> Member	Address: <u>220 Portage Ave</u>
<input checked="" type="checkbox"/> Authorized	<u>Palo Alto, California 94306</u>	<input checked="" type="checkbox"/> Authorized	<u>Palo Alto, California 94306</u>
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
Jay Eskes

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BRIGHTDROP VEHICLE DISTRIBUTION 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 FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRIGHTDROP VEHICLE DISTRIBUTION LLC" WAS FORMED ON THE SIXTEENTH DAY OF APRIL, A.D. 2021.

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

5725101 8300

SR# 20230536091

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

Authentication: 202721451

Date: 02-15-23