M23000005011

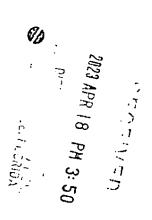
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(enyreaterzipii tiene ii)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer.						

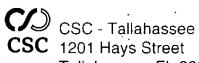
Office Use Only



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Tallahassee, FL 32301-2607 850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 04/18/23 Order #: 1206250-1

Re: Randy Marion Cadillac of Jacksonville, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$155.00 - FL State Account Number:

12000000195

AUTHORIZATION:

Please take the following action:

File in your office on basis Issue certified copy

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section

SUBJECT:	Name of Limited Liability Company				
	d "Application by Foreign Limited Liability	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida			
Please return	all correspondence concerning this matter t	o the following:			
	G. Edward Hinshaw, Jr.				
	 	Name of Person			
	Offit Kurman, P.A.				
	· · · · · · · · · · · · · · · · · · ·	Firm/Company			
	301 S. College Street, Suite 2600				
		Address			
	Charlotte, NC 28202				
	C	ity/State and Zip Code			
	eddie.hinshaw@offitkurman.com bgoir				
	E-mail address: (to be	used for future annual report notification)			
For further in	nformation concerning this matter, please cal	II:			
G. I	Edward Hinshaw, Jr.	704 716-0950 at ()			
	Name of Contact Person	Area Code Daytime Telephone Number			
Reg Div P.C	iling Address: gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Plea	losed is a check for the following amount: ase make check payable to: FLORIDA DEP \$125.00 Filing Fee \$\square\$\$ \$130.00 Filing Fee Certificate of	e & 🔲 \$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:

name unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	orida. The altern	nate name must include "Limited Liabilit	y Company," "L.L.C," or "I		
North Carolina		92	-3306491			
(Jurisdiction under the law of which foreign limited liability company is organized)			3. (FEI number, if applicable)			
April 26, 2023						
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	registration) ne penalty fiabil	lity)	_		
215 West Plaza Drive). Box 1559			
reet Address of Principal Office)		6	(Mailing Address)			
Mooresville, NC 28117		Mooresville, NC 28115-1559				
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acce	eptable)	<i>(1)</i>		
Name:	Corporation Service Company					
Office Address:	1201 Hays Street		_	ASSE		
	Tallahassee		32301	; t		
	Tatianassee		, Florida	···		

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.

alixano Weilard-Sorenson, Aup
(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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Randall L. Marion Randy Marion Incorporated □Manager ■Manager Address: 215 West Plaza Drive 215 West Plaza Drive **■**Member □Member Mooresville, NC 28117 Mooresville, NC 28117 **Authorized** ☐ Authorized Randall L. Marion Person Person Other Other □ Other Other

ne:	□Manager	Name:	
ress:	□Member	Address:	
	□Authorized		
	Person	-	
□ Other	□Other		□Other
G. Edward Hinshaw, Jr.	□Manager	Name:	
ress:	□Member	Address:	
rlotte, NC 28202	□Authorized		<u> </u>
	Person		-
Other	□Other	<u>-</u>	□Other
	G. Edward Hinshaw, Jr. e: 301 S. College St., Ste 2600 ress:	Person G. Edward Hinshaw, Jr. assign 301 S. College St., Ste 2600 Person Manager Member Manager Authorized Person	Member Address: Authorized Person Other Other e: G. Edward Hinshaw, Jr. Manager Name: 301 S. College St., Ste 2600 Member Address: Address:

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.

G. Edward Hinshaw, Jr.

Typed or printed name of signee



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

RANDY MARION CADILLAC OF JACKSONVILLE, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 24th day of March, 2023

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 18th day of April, 2023.

Elaine I Marshall

Secretary of State