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Division of Corporations

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Foreign Limited Liability Company
SMART, LLC

| | |
|-----------------------|----------|
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MAY 22 2023

SUBJECT: Smart, LLC

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.

Laurie Lee

Smart, LLC

3501 Sepulveda Blvd.

Torrance, CA 90505

cgfinance@chemicalguys.com

For further information concerning this matter, please call:

Laurie Lee

310

674-8135

Name of Contact Person

at (_____) Area Code

Daytime Telephone Number

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. Smart, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Chemical Guys, 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. CA 81-0615557
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 5/17/2023
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3501 Sepulveda Blvd 3501 Sepulveda Blvd
(Street Address of Principal Office) (Mailing Address)

Torrance, CA 90505 Torrance, CA 90505

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

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

By: Dena Weaver NRAI Services, Inc. Dena Weaver, Assistant Secretary
(Registered agent's signature)

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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 type="checkbox"/> Manager | Name: <u>Arthur Zambelli Almeida</u> | <input type="checkbox"/> Manager | Name: <u>Stephen Lee</u> |
| <input checked="" type="checkbox"/> Member | Address: <u>3501 Sepulveda Blvd</u> | <input type="checkbox"/> Member | Address: <u>3501 Sepulveda Blvd</u> |
| <input checked="" type="checkbox"/> Authorized | <u>Torrance, CA 90505</u> | <input checked="" type="checkbox"/> Authorized | <u>Torrance, CA 90505</u> |
| Person | <u></u> | Person | <u></u> |
| <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u> |
| | | | |
| <input type="checkbox"/> Manager | Name: <u>Laurie Lee</u> | <input type="checkbox"/> Manager | Name: <u></u> |
| <input type="checkbox"/> Member | Address: <u>3501 Sepulveda Blvd</u> | <input type="checkbox"/> Member | Address: <u></u> |
| <input checked="" type="checkbox"/> Authorized | <u>Torrance, CA 90505</u> | <input type="checkbox"/> Authorized | <u></u> |
| Person | <u></u> | Person | <u></u> |
| <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u> |
| | | | |
| <input type="checkbox"/> Manager | Name: <u></u> | <input type="checkbox"/> Manager | Name: <u></u> |
| <input type="checkbox"/> Member | Address: <u></u> | <input type="checkbox"/> Member | Address: <u></u> |
| <input type="checkbox"/> Authorized | <u></u> | <input type="checkbox"/> Authorized | <u></u> |
| Person | <u></u> | Person | <u></u> |
| <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u> |

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.

Laurie Lee

Signature of an authorized person

Laurie Lee

Typed or printed name of signer



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: SMART, LLC
Entity No.: 201807810245
Registration Date: 04/30/2003
Entity Type: Limited Liability Company - CA
Formed In: CALIFORNIA
Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 15, 2023.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 108316726

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.