M24060004702

(Requestor's Name)
(Address)
(Address)
(1861033)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Booking in Figure 1)
ertified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100426815841



RECEIVED
2024 APR | 1 PM | 1: 57



FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 04/11/2024

NAME: PARC AUTO HOLDINGS, LLC

TYPE OF FILING: APPLICATION

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: PARC Auto Holdings, 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:
Tara Simecek
Name of Person
PARC Auto Holdings, LLC
Firm/Company
4172 Bardstown Rd.
Address
Louisville, Ky 40218 City/State and Zip Code
+Smecen@parc autogrup.com E-mail address: (to be used for future aphual report notification)
For further information concerning this matter, please call:
Tara Simecek al 281, 344 7176
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE.
S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

APPLICATION BY FORCES LIN

ALL CICATION BY FO	NO YELLUBALI DETIMILE RADILITY CON 18 FI	apany i Jorida	OR AUTHORIZATION TO	TRANSAC	T BUSINE	.SS
N' COMPLIANCE WITH SEC COMPANY TO TRANSACT BU	TION 6.15 (2021, FLORIDA STATUTES, THE F SIMENS IN THE STATE OF FLORIDA	<i>ОЦОИ</i> М	O IN SUBMITTED TO RECISITER A	FORFIGN 12	MITED LLAR	און.
, DODA V	Limited Leading Company; must clude "Cimited	LC (OF)		<u>_</u>	
off purpound validable, cette alternate	name adopted for the purpose of transacting business in E			Convan. "t. L	.C.Territic %	
2. De aware	sheh foreign lamited leithlift ere nearly in organized)		92-278985			
4. 04/01/	2024			_		
. 159 450	(Date, Tiese transacted Finances in Humble of provide (See Arthura (1)) (PANA & (1)) (1940), E.S. to december	स्ट्राधाम् स्ट्राधामस्य)	bdsy)			
5. Surer Address of Principal Officer	Bards tun Rd.	6	Some	<u> </u>	<u> </u>	
Lucionile	120H KY ,					
	<u> </u>	-		<u></u>		
7. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT ac	ceptable)	-	2024 APR	 بر غ
Name:	CT Corpuration S	<u>Ae30</u>	$\overline{\omega}$		=	i e-an
Office Address:	1200 S. PINC I	slarc	1 Rd.	:	A: 10:	-
	Plantation, FL		Florida 33324	-	59	
designated in this applica to comply with the provisi	tance: gistered agent and to accept service of pion, I hereby accept the appointment a uns of all statutes relative to the proper of my position as registered agent.	s register	ed agent and agree to act in the plete performance of my dutic	is capacity.	I further ag	100
	Outdin v	CIIV	Christine Kelm. Assistant Secretary			
	sikeyistered ayent's	ogratie) i		_		

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 Manager Name: _____ Member ☐ Member Address: Authorized Authorized Person Person Other Other Other Other Manager Name: _____ Member Member Address: _____ Authorized ☐ Authorized Person Person Other Other_ Other_ Other _____ Manager Manager | Address: ____ Member Member Address: ☐ Authorized Authorized 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. Nonindexed 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.



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PARC AUTO HOLDINGS, 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 TENTH DAY OF APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PARC AUTO HOLDINGS, LLC" WAS FORMED ON THE SEVENTH DAY OF MARCH, A.D. 2023.

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



Authentication: 203222687

Date: 04-10-24