

PLEASE RETAIN ORIGINAL
DATE OF SUBMISSION:
9/10/2024

Florida Department of State

PLEASE RETAIN ORIGINAL
DATE OF SUBMISSION:
9/10/2024

M2400001759
Division of Corporations
Electronic Filing Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000308512 3)))



H240003085123ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

Foreign Limited Liability Company
CARS-DB12 L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

Updated: 7

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

PLEASE RETAIN ORIGINAL DATE OF SUBMISSION: 9/10/2024
Certificate of good standing was included in initial submission.

H24000308512 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARS-DB12 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:

TAYLOR MCCOY

Name of Person

POLSINELLI PC

Firm/Company

1401 LAWRENCE ST STE 2300

Address

DENVER CO 80202

City/State and Zip Code

TMCCOY@POLSINELLI.COM

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

For further information concerning this matter, please call:

EMINA KWOK

Name of Contact Person

312

at ()

Area Code

873-3628

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

H24000308512 3

H24000308512 3

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. CARS-DB12 L.L.C.

(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. DE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(FEI number, if applicable)

4. _____

(Show first transacted business in Florida, if prior to registration.
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability))

8484 WESTPARK DR

5. _____
(Street Address of Principal Office)

STE 200

MCLEAN VA 22102

8484 WEST PARK DR

6. _____
(Mailing Address)

STE 200

MCLEAN VA 22102

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: CORPORATION SERVICE COMPANYOffice Address: 1201 HAYS STTALLAHASSEE

(City)

Florida

32301

(Zip code)

2024 SEP 12 PM 10:27

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.

Brandon Sheila Assistant Secretary

(Registered agent's signature)

H24000308512 3

H24000308512 3

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:**

☒ Manager Name: CARS-DBSPE12, INC.
☐ Member Address: 8484 WESTPARK DR
☐ Authorized STE 200
Person MCLEAN VA 22102
☐ Other ☐ Other

☐ Manager Name: STEPHANIE ROCHEL
☐ Member Address: 8484 WESTPARK DR
☒ Authorized STE 200
Person MCLEAN VA 22102
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other ☐ Other

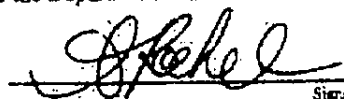
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other ☐ 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

STEPHANIE ROCHEL

Typed or printed name of signer

H24000308512 3

H24000308512 3

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CARS-DB12 L.L.C." 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 SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CARS-DB12
L.L.C." WAS FORMED ON THE TWELFTH DAY OF FEBRUARY, A.D. 2020.

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



A handwritten signature in black ink, appearing to read "JWB", written over a horizontal line.