# m990000000835

_	COASTAL CA 552 CASSA JAX, FLA	AT AUF	
	City/State/Zip	Phone #	

200002877642--3 -05/17/99--01122--013 \*\*\*\*250.00 \*\*\*\*250.00 20002877642--3 -05/17/99--01122--014 \*\*\*\*\*35.00 \*\*\*\*\*\*35.00 Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):	<del></del>
1. Scott - Andrews, LLC (Corporation Name) (Document #)	· · · · · · · · · · · · · · · · · · ·
2. (Corporation Name) (Document #)	. <del>.</del> .
3. (Corporation Name) (Document #) 4. 00789 - 00047 - 00071 (Document #)	: ` <del>E</del>
□ Walk in □ Pick up time □ Certified Copy   □ Mail out □ Will wait □ Photocopy □ Certificate of Status    AMENDMENTS	कारणा — — अस्तर राज्य

NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/ Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

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REGISTRATION	Jame Availability WJH
<b>QUALIFICATION</b>	Pocument
Foreign	Examiner
Limited Partnership	Updater
Reinstatement	Updafer Verifysi
Trademark	Acknowledgement
Other	W. P. Verifyer
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DIVISION OF CORPORATIONS

99 IIIN - 7 AN III- 91

Examiner's Initials



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 19, 1999

COASTAL CARS 552 CASSAT AVE. JACKSONVILLE, FL 32254

SUBJECT: SCOTT-ANDREWS, LLC

Ref. Number: W99000011777

We have received your document for SCOTT-ANDREWS, LLC and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges Document Specialist

Letter Number: 999A00027861

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Scott - Andrews, LLC

(Name of foreign limited liab so contained in the name at p	present.)			
2. Tennessee		3.	62-1777504 (FEI number	
2. /Cnnessee (Jurisdiction under the law of company is organized)	which foreign lim	nited liability	( FEI number	, if applicable)
4. 5/4/99		5.	Perpetual	
(Date of Orga	nization)	<del>-</del>	(Duration: Year limited liab exist or "perpetual")	bility company will cease to
6. 5/4/99				
•		•	ctions 608.501, 608.502, and	
7. <u>4932 Elmore</u>				
Memphis, IN	1 38128		orincipal office)	
•	(S	Street address of p	orincipal office)	
o. Dist hame, they, and once	ness address of	each managmg	member[MGRM] or m	anager[mOK]wno
will manage the foreign l	limited liability	company in Fl	orida: (attach additional  NAME & ADDRES	page if necessary)
will manage the foreign l	limited liability	company in Fl	orida: (attach additional  NAME & ADDRES	page if necessary)
will manage the foreign I  NAME & ADI  Esric H. Se  552 Cassa	limited liability  DRESS:  Cott, Jr.  Avenue	company in Fl TITLE: Chief Manage	orida: (attach additional  NAME & ADDRES	page if necessary)
will manage the foreign I  NAME & ADI  Esric H. Se  552 Cassa	limited liability	company in Fl TITLE: Chief Manage	orida: (attach additional  NAME & ADDRES	page if necessary)  SS: TITLE:
will manage the foreign I  NAME & ADI  Esric H. Se  552 Cassa	limited liability  DRESS:  Cott, Jr.  Avenue	company in Fl TITLE: Chief Manage	orida: (attach additional  NAME & ADDRES	page if necessary)  SS: TITLE:  99 JUL
will manage the foreign I  NAME & ADI  Esric H. Se  552 Cassa	limited liability  DRESS:  Cott, Jr.  Avenue	company in Fl TITLE: Chie f Manage	orida: (attach additional NAME & ADDRES	page if necessary)  SS: TITLE:  99 JUN 0F CO
will manage the foreign I  NAME & ADI  Esric H. Se  552 Cassa	limited liability  DRESS:  Cott, Jr.  Avenue	company in Fl TITLE: Chie f Manage	orida: (attach additional  NAME & ADDRES	page if necessary)  SS: TITLE:  99 JUN 0F CO
will manage the foreign I  NAME & ADI  Esric H. Se  552 Cassa	limited liability  DRESS:  Cott, Jr.  Avenue	company in Fl TITLE: Chie f Manage	orida: (attach additional NAME & ADDRES	page if necessary)  SS: TITLE:  99 JUN + 7 ANII: 3
will manage the foreign I  NAME & ADI  Esric H. Se  552 Cassa	limited liability  DRESS:  Cott, Jr.  Avenue	company in Fl TITLE: Chie f Manage	orida: (attach additional NAME & ADDRES	page if necessary)  SS: TITLE:  99 JUN +7
will manage the foreign I  NAME & ADI  Esric H. Se  552 Cassa	limited liability  DRESS:  Cott, Jr.  Avenue	company in Fl TITLE: Chie f Manage	orida: (attach additional NAME & ADDRES	page if necessary)  SS: TITLE:  99 JUN + 7 ANII: 3
will manage the foreign I  NAME & ADI  Esric H. Se  552 Cassa	limited liability  DRESS:  Cott, Jr.  Avenue	company in Fl TITLE: Chie f Manage	orida: (attach additional NAME & ADDRES	page if necessary)  SS: TITLE:  99 JUN + 7 ANII: 3

9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

Secretary of State **Corporations Section** James K. Polk Building, Suite 1800 Nashville, Tennessee 37243-0306

ISSUANCE DATE: 06/03/1999 REQUEST NUMBER: 991540551 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 05/04/1999 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0370311 JURISDICTION: TENNESSEE

COASTAL CARS MR RICK SCOTT 552 CASSAT AVE JACKSONVILLE, FL 32254 REQUESTED BY: COASTAL CARS MR RICK SCOTT 552 CASSAT AVE JACKSONVILLE, FL 32254

#### CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT 

"SCOTT-ANDREWS, LLC"

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF FORMATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID:
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

FOR: REQUEST FOR CERTIFICATE

ON DATE: 06/03/99

RECEIVED:

FEES \$20.00

\$0.00

TOTAL PAYMENT RECEIVED:

\$20.00

RECEIPT NUMBER: 00002504602 ACCOUNT NUMBER: 00011370

CITY AUTO SALES, INC.

MEMPHIS, TN 38128-0000

FROM:

4934 ELMORE

RILEY C. DARNELL SECRETARY OF STATE

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:			
Scott-Andrews, LLC			
2. The name and the Florida street address of the registered agent and office are:			
Essic H. Scott, JR: (Name)			
552 Cassat Avenue Florida street address (P.O. Box NOT ACCEPTABLE)			
Jacksonville FL 33354 City/State/Zip			

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature)

Filing Fee: \$ 35 for Designation of Registered Agent

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of Scott - And	rews, LLC
certifies:	
1) the above named limited liability company has at least one member;	
2) the total amount of cash contributed by the member(s) is	\$ <u>#5,000</u> ;
3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.)	\$ <del></del>
4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is  (This total includes amounts from 2 and 3 above.)	\$ <u>50,000</u> .
Signature of a member or an authorized representative of a memb  (In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	er.
J.R. M. Cabe, III Secretary Treasure - Typed or printed name of signee	·

Filing Fee: \$250.00 for Application and Affidavit