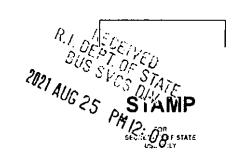
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Application for Transfer of Authority

FOREIGN Business Corporation, Limited Partnership, Limited Liability Company, Limited Liability Partnership or Non-Profit Corporation



Pursuant to the applicable provision cation for the purpose of transferring			preign entity submits the following appli- Rhode Island to:	
1. Entity ID Number:	2. The full name of the entity filing this application is:			
000507997	Nissan-Infiniti LT Inc.			
3. The applicant is a duly qualified	foreign: (CHECK ONE BC	X ONLY)		
Limited Liability Company	■ Business Corporation ■ Non-Profit Corporation			
☐ Limited Partnership ☐ Limited Liability Partnership				
4. The applicant submits this application for the purpose of transferring its authority to a: (CHECK ONE BOX ONLY)				
Limited Liability Company (RIGL <u>7-16-52.1</u>) Business Corporation (RIGL <u>7-1.2-1411.1</u>)				
Non-Profit Corporation (RIGL <u>7-6-80.1</u>) Limited Partnership (RIGL <u>7-13-52.1</u>)				
Limited Liability Partnership (RIGL <u>Title 7</u> , as applicable)				
5. The date the applicant qualified to conduct business in Rhode Island is: 06/25/2009		6. The jurisdiction upon transfer of authority is: Delaware		
7. The name of the entity following the transfer of authority is:				
Nissan-Infiniti LT LLC				
8. The application for transfer of a	uthority is filed as an accor	npanying certificate to t	he: CHECK ONE BOX ONLY	
Application for registration for a Limited Liabilty Company				
Application for certificate of authority for a Business Corporation				
Application for certificate of authority for a Non-Profit Corporation				
Certificate of registration for a Limited Partnership				
Notice of registration for a registered Limited Liability Partnership				
8(a). This Transfer of Authority and applicable Application/Certificate/Notice must be accompanied by a Certificate of Good				
Standing/Legal Existence from the current jurisdiction of the entity.				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: <u>www.sos.ri.gov</u> STAMP FILED

FOR BECRETARY OF STATE UDE ONLY

AUG 2 5 2021

FORM 612- Revised 109/2020

TO BE COMPLETED BY THE ENTITY TRANSFERRING AUTHORITY Under penalty of perjury, I/we declare and affirm that I/we have examined this Application for ing any accompanying attachments, and that all statements contained herein are true and cois authorized to sign this certificate on behalf of the entity set forth above.	
Type or Print Name of Limited Liability Company	
Signature of Authorized Person	Date
Signature of Authorized Person	Date
Type or Print Name of Corporation	
Nissan-Infiniti LT Inc.	
Signature of Authorized Person Missan-Infiniti LT LLC,	Date
successor by conversion to Nissan-Infiniti LT by: Timothy Hauck, Assistant Secretary	August 18, 2021
Signature of Authorized Person	Date
Type or Print Name of Partnership	
Signature of Partner	Date
Signature of Partner	Date
Signature of Partner	Date
Type or Print Name of Other Entity	
Signature of Authorized Person	Date
Signature of Authorized Person	Date

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

August 25, 2021 12:08 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

