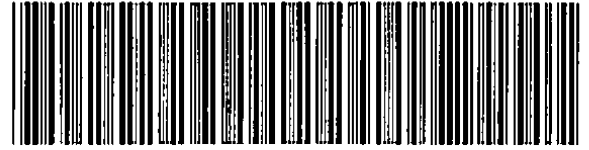


M19000008959



900333963359

09/09/19--01041--005 **125.00

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

2019 SEP -9 PM 3:37
TALLAHASSEE, FLORIDA

Y SCOTT
SEP 18 2019



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Priority Tire 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:

Greg Minor
Name of Person

GBB & Company LLP
Firm/Company

1150 Glenlivet Drive Ste C36
Address

Allentown, PA 18106
City/State and Zip Code

dimitri@prioritytire.com
E-mail address: (to be used for future annual report notification)

FILED
TALLAHASSEE, FLORIDA
2019 SEP -9 PM 3:37

For further information concerning this matter, please call:

Greg Minor at (484) 223-0096
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

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. Priority Tire LLC
(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. Pennsylvania
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-3043300
(FEI number, if applicable)

4. September 15, 2019
(Date first transacted business in Florida, if prior to registration.)
[See sections 605.0904 & 605.0905, F.S. to determine penalty liability]

5. 1594 Transport Court
(Street Address of Principal Office)

6. 7072 Snowdrift Road
(Mailing Address)

Jacksonville, FL 32218

Allentown, PA 18106

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

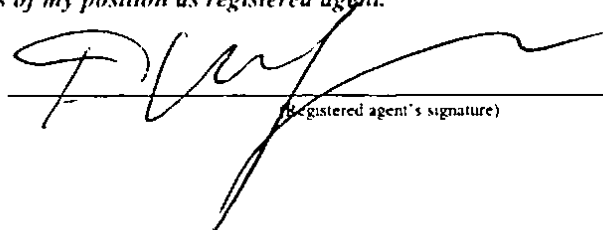
Name: Dimitri Chernyak

Office Address: 1594 Transport Court

Jacksonville, Florida 32218
(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.


(Registered agent's signature)

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>Dimitri Chernyak</u> | <input type="checkbox"/> Manager | Name: <u>Viktor Chernyac</u> |
| <input checked="" type="checkbox"/> Member | Address: <u>241 Robert Morris Blvd</u> | <input checked="" type="checkbox"/> Member | Address: <u>125 Oyster Bay Way</u> |
| <input type="checkbox"/> Authorized Person | <u>Apt 313</u> <u>Allentown, PA 18104</u> | <input type="checkbox"/> Authorized Person | <u>Ponte Vedra FL 32081</u> |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: <u>Yevgeniya Chernyac</u> | <input type="checkbox"/> Manager | Name: _____ |
| <input checked="" type="checkbox"/> Member | Address: <u>1106 Bernice Drive</u> | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized Person | <u>Coplay, PA 18037</u> | <input type="checkbox"/> Authorized Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: _____ | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized Person | _____ | <input type="checkbox"/> Authorized Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> 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.

Yevgeniya Chernyac
Signature of an authorized person

Yevgeniya Chernyac
Typed or printed name of signer

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

09/05/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Priority Tire LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

2019 SEP -9 PM 3:57
TALLEY
SECRETARY OF STATE



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Kathly Bookman

Acting Secretary of the Commonwealth

Certification Number: TSC190905080050-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>