

M21000012314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

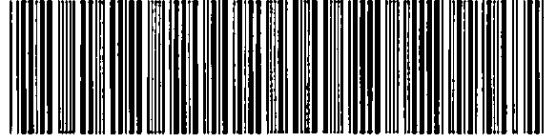
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STATE OF MICHIGAN  
DEPARTMENT OF TREASURY

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SEP 17 2021

M. SOLOMON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VOLUME POWERSPORTS, 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:

Beth Taylor  
Name of Person  
Dover Miller Karras Langdale & Brantley, P.C.  
Firm/Company  
701 N. Patterson Street  
Address  
Valdosta, GA 31601  
City/State and Zip Code  
bbarrett@langdaleindustries.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beth Taylor 229 242-0314  
Name of Contact Person at (Area Code) 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

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. VOLUME POWERSPORTS, 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. GEORGIA (Jurisdiction under the law of which foreign limited liability company is organized)
3. 81-2827701 (FEI number, if applicable)

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

5. 3322 Powersports Road (Street Address of Principal Office)
Valdosta, GA 31601
6. 1202 Madison Highway (Mailing Address)
Valdosta, GA 31602

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

Name: Capitol Corporate Services, Inc.
Office Address: 515 East Park Avenue 2nd Fl
Tallahassee, Florida 32301
(City) (Zip code)

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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.

Delanie Case (Registered agent's signature)
Delanie Case, asst sec

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]:

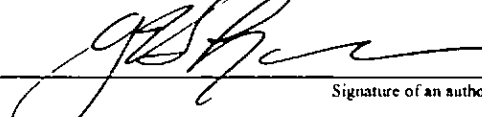
<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	John W. Langdale, Jr.	_____	<input checked="" type="checkbox"/> Manager	Name:	James H. Langdale	_____
<input type="checkbox"/> Member	Address:	1202 Madison Highway	_____	<input type="checkbox"/> Member	Address:	1202 Madison Highway	_____
<input type="checkbox"/> Authorized		Valdosta, GA 31602	_____	<input type="checkbox"/> Authorized		Valdosta, GA 31602	_____
	Person		_____		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		_____	_____	<input type="checkbox"/> Authorized		_____	_____
	Person		_____		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		_____	_____	<input type="checkbox"/> Authorized		_____	_____
	Person		_____		Person		_____
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	

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 DEPARTMENT OF STATE  
 INVESTMENT SERVICES

**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  
 James H. Langdale  
 \_\_\_\_\_  
 Typed or printed name of signee

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**Volume Powersports, LLC**  
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 21846618  
Date Inc/Auth/Filed: 06/03/2016  
Jurisdiction : Georgia  
Print Date : 09/17/2021  
Form Number : 211



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 10, 2021

BETH TAYLOR  
DOVER MILLER KARRAS LANGDALE & BRANTLEY  
701 N. PATTERSON STREET  
VALDOSTA, GA 31601

SUBJECT: VOLUME POWERSPORTS, LLC  
Ref. Number: W21000123064

We have received your document for VOLUME POWERSPORTS, LLC and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, 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.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon  
Senior Section Administrator

Letter Number: 021A00021894

*Rec'd  
9/17/21*